ANNUAL REPORT

on the

PUBLIC HEALTH

and

SOCIAL SERVICES

of

WORCESTERSHIRE

1950

by

WYNDHAM PARKER, C.B.E., M.C.,

M.B., Ch.B. (Edin.), D.P.H. (Lond.)

County Medical Officer.

Printed for the Worcestershire County Council Stationery Office
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WORCESTERSHIRE COUNTY COUNCIL

Annual Report of the County Medical Officer for the Year 1950

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present for your consideration the annual report dealing with health, sanitary conditions and circumstances and the social services relating to the Administrative County of Worcestershire for the year ended 31st December, 1950.

The Registrar-General's estimated mid-1950 population of the administrative county was 401,810. The birth rate (15.6 per 1,000) continues to fall and is now below the average for England and Wales which was 15.8. The death rate (10.9) is low; the excess of births over deaths in the county during the year 1950 numbered 1,880.

The infant mortality rate of 29 and the still-birth rate of 20 are the best figures so far recorded in the county, the former rate is generally accepted as an indication of the general health and social conditions of an area. The satisfactory rate is in my view a proper indication of the progress in and consolidation of the duties falling on the county and district authorities.

The title of this report has been amended to include reference to the duties of the County Council under the National Assistance Act; as is mentioned later on in this report, the arrangements operated efficiently and allow of Part III services being available for welfare cases with the minimum of difficulty and delay.

I propose to refer very briefly to a few points arising on the work of the different sub-committees of the Health Committee.

Section 21. Health Centres. — Although tentative sites have been considered for certain urban areas, the likelihood of any progress being made within a reasonable period of time is so remote that no further action seems at present advisable.

Section 22. The fall in attendances at ante-natal centres was to be expected, as the general practitioners now undertake the supervision of most expectant mothers. The county arrangements are being modified to meet these changing circumstances; ultimately this branch of county work will probably cease in its present form.

The priority dental service for expectant and nursing mothers and young children is not really functioning. The small number of adult cases dealt with mainly obtained treatment through independent dental practitioners. It has proved impossible to recruit new dental staff, and the unusual incidence of illness in the remaining dental staff has added to the difficulty of maintaining a skeleton service. Rather more than 300 children under school age received treatment from dental officers employed directly by the County Council.

The prevention, care and after-care functions of the County Council under Section 28 provide a large field for expansion; the definition in fact could be read to include the duties specified under most other sections of Part III of the Act. The unexpectedly large drop in the deaths from pulmonary tuberculosis in 1950 in the county is encouraging, and occurred in spite of both the long and growing waiting list of patients requiring sanatoria treatment and the shortage of chest physicians in this county. This acceleration in the decline of the death rate from pulmonary tuberculosis is not however accompanied by a fall in the numbers of notifications of the disease received. Although improved treatment in the form of modern surgery and new drugs can and probably does provide a partial explanation, it would be unwise to claim any main or principal factors as responsible until the accelerated decline is found to continue over a period of time.

In my report for 1949 I briefly referred to the changes resulting from new legislation. The most general criticism today relates to the separation of the health services into water-tight compartments, inadequately bridged by liaison committees or too loosely connected by that overworked term "co-operation." Care should be taken to avoid establishing watertight sections within the varied field of services which it is now the Council's duty to provide.

Dr. R. B. Mayfield (Consultant Chest Physician) stresses the need for more whole-time tuberculosis health visitors in that, by such appointments, contact between the chest physicians and the patient is more easily maintained. Whilst admitting the substance of the recommendation, there are dangers to be avoided if the service as a whole is to be efficient. The number of officers with duties requiring visits to the homes of the people should be kept to the minimum. Although there is advantage in specialisation, such as tuberculosis, the visitors must remain as members of the general team and the administration must ensure that other members of the team (e.g., general health visitor or district nurse) are generally aware of the needs of the family as a whole as well as the individual patient. If this requirement is not met, specialisation is not advisable.

The doctor at school or welfare centre relies on the health visitor to give information as to the home circumstances; the appointment of separate nurses to visit tuberculosis cases must not deprive the health visitor of valuable information relating to all the family; further, the health visitors and tuberculosis health

visitors should know the district nurses in their health visiting area and so co-ordinate prevention and treatment. These personal contacts are the essence of successful team work. Similarly the welfare section should benefit from inclusion in this health team. I have already derived benefit from the helpful assistance of the County Welfare section staff and frequently call on their assistance in connection with duties falling within the scope of the National Health Service Act. The thin or undefined boundaries between duties classed as health or welfare will need little emphasis to those members of the Council who are familiar with the problems of either hospital or health authority administration, as the demand for the service rests largely with the other partners in the Act, namely, the hospitals and general practitioners.

The ambulance service is a difficult service to administer, so far as economy in working may be concerned, but I think in Worcestershire there is little or no ground for complaint. As to the efficiency of the service, consideration is being given to the possible advantages of the introduction of radio control, but what I believe to be more urgently required, is improvement in the district ambulance stations to include more convenient garaging of vehicles and at the same time more comfort for the whole-time and voluntary staff employed on ambulance duties. Should any emergency ever arise, this need would increase, particularly if the county is to rely mainly on the part-time unpaid volunteer.

Administration

The Council's scheme under Section 111 of the Local Government Act 1933, completed some years ago, will require but slight modification to meet the conditions existing today. There are two divisional area committees operating, the remainder of the administrative county being controlled, for the Council's duties, from my office at Worcester.

I have to record two very serious losses, providing gaps which will prove difficult to fill. My Senior Health Visitor, Miss N. Ashton, was taken seriously ill in the autumn months of 1950, and although she appeared to be making some improvement she had a relapse and died in 1951. She proved herself a most efficient, loyal and hardworking officer and had the respect and affection of all who worked with her. Her death has meant the loss of the services of a splendid nurse who gave of her best to this county, where the main portion of her nursing career was spent.

Dr. S. Walker, the Senior Medical officer for Maternity and Child Welfare, obtained a similar appointment in Bristol. During the last ten years her knowledge of the county, and her ability and capacity for work clearly indicated that she would go far in the public health service. Whilst wishing her all success in the future I gratefully acknowledge the tremendous help she has given me, particularly in the last three years during which the new service was introduced.

It is with mixed feelings I approach the final portion of the foreword to this report which will be the last one I shall present for your consideration. During the period I have been in the service of the County Council, I have come to look upon Worcestershire as the county of my adoption, and as such, have become fond of the county and even jealous of her interests and reputation.

I am grateful for the consideration which has been shown to me and recognise the help and encouragement I have received from the several Chairmen and members of the Health Committees in connection with the evolution of the old service and the revolution of the new; I hope it will not be considered presumptuous for me to say that I have, through their kindness, come to look upon the individual members as my friends rather than my masters.

The kindness I have invariably received from the County district authorities and their officers has been of great help to me and added to the pleasure of my work. The members will well understand my weaknesses probably better than I do myself. One I freely admit, is a fondness for the activities of voluntary bodies; their work, generally unspoilt by the official mind has been the precursor of some of our most valuable health services operating today. I take this opportunity of expressing my sincere thanks to the County and District Nursing Associations, the W.V.S., the St. John and Red Cross Organisations, the Women's Institutes and the Voluntary Organisations connected with the handicapped and aged and the many other voluntary workers who have assisted in times of peace and war, for their ready and valuable help.

Lastly my staff. I pay tribute to the help given to me by my colleagues and friends on the professional and lay staff, many of whom have served the county for long periods, some for longer than I have. At times I well know I have been a slave driver, particularly during the years 1939-45, but I now earnestly ask all, without particularising any person or section, to accept my very grateful thanks for the willing and ready assistance which has invariably been forthcoming and the team-work and loyalty displayed, which circumstance has been the only means of hoping to achieve a successful and happy organisation which has been my first aim.

It is my sincere hope that my successor, Dr. Pickup, will enjoy the same measure of generous and loyal help from all members of the staff which it has been my good fortune to benefit from, and also receive the continued help of medical colleagues in hospitals and general practice in the county, without which the residents in Worcestershire cannot derive full benefit from any form of national health scheme.

Finally, Mr. Chairman, may I again thank you for your continued encouragement, kindness and help to me and my staff, and express the hope that you will convey to the Council my sincere

thanks for the unfailing courtesy and understanding which it has always been my good fortune to receive.

Your obedient servant,

WYNDHAM PARKER,

C.B.E., M.C., M.B., Ch.B., D.P.H.(Lond.).
County Medical Officer.

Health Department,
County Buildings,
Worcester.

August, 1951.

Chairmen and Vice-Chairmen

Chairman of the County Council

Sir Chad Woodward, J.P. D.L.

Vice-Chairman of the County Council

Sir Hugh Chance, M.A., F.I.I.A.

Chairman of the Health Committee

Mr. H. Parkes, J.P.

Vice-Chairman of Health Committee

Mr. S. T. Melsom.

Chairman of Ambulance, Prevention and After-Care Sub-Committee

Mr. E. R. Fabricius, J.P.

Chairman of Finance and General Purposes Sub-Committee

Mr. G. W. Kenrick.

Chairman of Maternity and Child Welfare Sub-Committee

Mr. K. D. Briggs, J.P.

Chairman of Mental Health Sub-Committee

Mr. J. W. Bright, J.P.

Chairman of Public Health Sub-Committee

Mr. H. Parkes, J.P.

Chairman of Welfare Sub-Committee

Mr. J. G. Parker.

Staff

The following are the Chief Administrative Officers:—

County Medical Officer of Health and School Medical Officer
Wyndham Parker, C.B.E., M.C., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health and School Medical Officer
J. W. Pickup, M.D., Ch.B., D.P.H.

Senior Administrative Medical Officer, Maternity and Child Welfare
Sara C. Walker, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H,

Divisional Area Medical Officers

Kidderminster
C. Starkie, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H,

Oldbury
E. V. Connolly, M.B., Ch.B., L.M., D.C.H., D.P.H.

Chief Tuberculosis Officer
R. B. Mayfield, M.D., D.P.H.

Chief Dental Officer
B. D. Britten, L.D.S.

County Welfare Officer
R. A. McDonald.

Chief Clerk
G. P. Cooper.

Superintendent Health Visitor
Miss N. Ashton, S.R.N., R.M.N., S.C.M., H.V.Cert.

Superintendent of District Nurses
Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

Non-Medical Supervisor of Midwives
Miss E. M. Hands, S.R.N., S.C.M.

County Sanitary Officer
R. W. T. Owen.

County Ambulance Officer
G. L. Pitt.

Mental Health Administrative Officer
W. Phillips.

The following changes occurred during the year:—

Medical Officers

Dr. N. Baster, Assistant County Medical Officer and Medical Officer of Health for Bromsgrove and Redditch Urban and Bromsgrove Rural Districts, resigned on the 28th February, 1950. Dr. E. T. Shennan was appointed on the 8th May, 1950 to the vacancy.

Dr. J. Maclachlan, Deputy Divisional and Medical Officer and School Medical Officer for Oldbury, resigned on the 31st August, 1950.

Mental Health

Miss D. C. Carroll was appointed as Social Worker from 26th January, 1950.

Health Visitors

Resignations

Miss S. Mason (retired on pension) 30th April, 1950.

Miss A. L. Gadd—30th April, 1950.

Miss E. E. Mellor (retired on pension) 30th April, 1950.

Miss M. G. Large—7th September, 1950.

Miss D. E. Barnard—30th September, 1950.

Appointments

Miss M. G. Large—12th April, 1950.

Miss A. Kean—12th June, 1950.

Miss M. Steward—8th November, 1950.

Miss M. J. Thomas—13th November, 1950.

Four student Health Visitors (Miss E. M. Freestone, Miss M. Hill, Miss M. McCarthy and Miss L. N. Rowlands) having obtained the Health Visitors Certificate joined the health visiting staff in May 1950.

Statistics and Social Conditions of the Area

Area in acres	438,221
Population, Census, 1931	308,781
Registrar-General's estimate of resident population, mid-1950	401,810
Rateable Value (1st April, 1950)	£2,007,666
Sum represented by a penny rate	£7,838

	Males	Females	Total
Live Births—Legitimate ...	3,051	2,921	5,972
—Illegitimate ...	162	133	295
Birth-rate per 1,000 of estimated resident population ...			15.6

	Males	Females	Total
Stillbirths	72	59	131
Rate per 1,000 total (live and still births)			20

	Males	Females	Total
Deaths	2,200	2,187	4,387
Death-rate per 1,000 of estimated resident population ...			10.9
Deaths from Puerperal Causes			
Rates per 1,000 live births			1.28
Rates per 1,000 total (live and still) births			1.25
Infant Mortality (Infants under 1 year of age)			
All Infants per 1,000 live births			29
Legitimate Infants per 1,000 legitimate live births ...			28
Illegitimate Infants per 1,000 illegitimate live births			41
Deaths from Measles (all ages)			Nil
Deaths from Whooping Cough (all ages)			1
Deaths from Diarrhoea (under 2 years of age)			10
Deaths from Cancer (all ages)			664

Natural and Social Conditions of the Area

In the twenty years since 1931, the population of the administrative County of Worcestershire has increased by 29.8% from 308,787 to 401,810 in 1951. The increase, about three times the percentage growth of England and Wales during the same period was uneven; the largest increases being in the industrial towns and in those parts of rural areas which adjoin or are near these towns.

The County Planning Officer in connection with the County Development Plan has made a survey, parts of which I have abstracted.

> " Worcestershire is bounded on the north by the City of Birmingham and the County of Staffordshire, and in particular by that part of Staffordshire known as the Black Country. A spur of the county, consisting of the Municipal Borough of Oldbury does, in fact, extend northwards into the heart of the Black Country. The other county districts in North Worcestershire—Stourbridge Municipal Borough, Halesowen Municipal Borough and the northern parts of Bromsgrove Urban District and Bromsgrove Rural District—might be described as ' fringe areas ' of the Birmingham – Black Country ' Conurbation.'

From maps illustrating the surveys which have been carried out it will be apparent that the influence on Worcestershire of adjoining counties varies very widely. The western and north-western parts of the county are not unlike the sparsely populated areas of Herefordshire and Shropshire which adjoin them. There has been little change in the rural character of these outlying areas over many years. Similarly to the south and east, the development of the county does not appear to have been accelerated or encouraged by the proximity of Gloucestershire and Warwickshire.

To the north, however, the great urban mass of Birmingham and the Black Country has been expanding for many years and forcing tentacles of development southwards along the main lines of communication into Worcestershire. The attractions of this as a dormitory for the great industrial population further north have also encouraged a natural process of immigration which persists to the present day.

Worcestershire lies astride important trade routes from north to south, roughly bisecting the county. This is a factor in its development which has been of major importance since Roman times and which still raises controversial issues. The ancient " salt-ways " to Droitwich in the heart of the county can still be traced in many places. For hundreds of years the Severn flowing north to south through the centre of the county to Gloucester and Bristol Channel was a main Midland channel for imports and exports and the town of Stourport was built in the 18th and 19th centuries to handle this waterborne traffic.

This decline of inland waterways was followed also on this north-south line bisecting the county, by railways connecting the industrial North and Midlands with Bristol and South Wales. The return in recent years to the use of roads for goods traffic has completed the cycle of trade movement and presented Worcestershire today with one of its major planning problems—again on this north-south axis. To the east and west of this axis, away from the beaten track of commerce and the development which naturally followed it, Worcestershire presents a very different picture.

West of the Severn the land rises into a rural area of fine landscapes. Here are the Malvern Hills along the Herefordshire boundary and smaller ranges continue north and west intersected by the fertile valley of the River Teme, a tributary of the Severn. Here in a small compass is a richly varied scene where the claims of agriculture and amenity are outstanding.

Another barrier of hills in the north of the county separates the plain of Worcestershire from the industrial Midlands and divides the catchment areas of the rivers Severn and

Trent. Large tracts of these Clent and Lickey hills are in the ownership of trusts and public bodies and have become a playground for Birmingham and the Black Country at holiday times.

East of the Severn, agriculture is again predominant and the absence of trade routes has discouraged urban settlement. The mixed farming of East Worcestershire merges gradually towards the south into the celebrated market gardens and orchards of the Vale of Evesham. Bounding the vale on its southern side rise Bredon Hill and outliers of the Cotswold range to mark the boundary with Gloucestershire.

The pattern of urban settlement in Worcestershire broadly follows the line of the trade routes and the development of industry. It is roughly the shape of the letter ' T,' the head of the letter being the line of the northern industrial boroughs and the upright part representing the ribbon of development southwards through Bromsgrove, Droitwich and Worcester down towards Gloucestershire. Away from the horizontal and vertical lines of the letter ' T ' the only urban units of any size are Redditch—a somewhat isolated industrial town in the east—and the Kidderminster group of towns in the north-west. The City of Worcester, situated about halfway down the letter ' T ' is very nearly at the geographic centre of the county, and from there it is scarcely more than twenty-five miles to any point on the county boundary. This is undoubtedly an advantage from the point of view of convenient administration of the county.

To conclude this general description, it would be as appropriate here as elsewhere in the report to refer briefly to the climate of Worcestershire. It is a factor in the development and fortunes of the county of considerable—and often unpredictable—significance. The Severn valley appears to act very often as a channel for a current of warm air from the south which disperses as it reaches higher land and the Clent and Lickey Hills to the north. Even in Bromsgrove only thirteen miles north of Worcester, snow and ice may sometimes be found days after it has disappeared from the lower Severn Valley. In Birmingham to the north of the hills the difference is still more noticeable. Reference will be made in the chapter on Agriculture to the intensive cultivation of land which is made possible by the favourable climate of south Worcestershire. The windswept uplands have discouraged both urban settlement and early peas."

Care of Mothers and Young Children

(Sections 22, 23 and 24 National Health Service Act).

Births, birth rate and infant mortality

Year	Legitimate Births	Illegitimate Births	Birth Rate live Births per 1,000	Infant Mortality rate	Still-births	Rate per 1,000 Births
1940	4,675	178	13.6	56	205	41
1941	5.511	229	15.3	54	173	30
1942	6,203	279	17.4	40	237	32
1943	6,419.	351	18.3	39	215	31
1944	6,992	423	20.2	41	190	25
1945	5,990	576	18.2	43	177	26
1946	6.506	460	18.9	36	178	25
1947	7,059	353	19.7	36	196	26
1948	6,897	335	17.8	30	165	23
1949	6,353	341	17.1	30	152	22
1950	5,972	295	15.6	29	131	20

Birth rate

The rate of 15.6 is the lowest since 1941 and corresponds closely with the national figure of 15.8.

Infant mortality rate

The rate of 29 (deaths of infants under 12 months per 1,000 live births) is the lowest figure ever recorded in Worcestershire. The corresponding rate for England and Wales is 29.8.

The low infant mortality rate (26) for illegitimate infants in 1949, has not been maintained—the rate for 1950 being 41.

	1945	1946	1947	1948	1949	1950
Infant mortality rate: Legitimate births ...	42	33	35	28	30	28
Infant mortality rate: Illegitimate births ...	59	69	54	57	26	41

The percentage rate of illegitimate births for 1950 is 4.7%, a decrease on the 1949 figure, which was 5.1%, but more than in 1945 when the figure was 4.6%. The pre-war rate varied between 3% and 3.5%.

Stillbirths

The stillbirth rate of 20 per 1,000 births is the lowest figure recorded in the county.

Maternal Mortality

Year	Deaths from Sepsis	Other Causes	Total Maternal Mortality Rate per 1,000 births
1940	9	5	2.47
1941	3	7	1.63
1942	5	12	2.5
1943	3	13	2.3
1944	5	8	1.7
1945	3	5	1.19
1946	1	5	0.86
1947	2	6	1.08
1948	3	4	0.99
1949	2	12	2.04
1950	1	7	1.25

The maternal mortality rate of 1.25 per 1,000 total births, is an improvement on the high figure of 2.04 recorded in 1949, but there is room for further improvement.

Reports under confidential cover, were made to the Ministry on all maternal deaths. All the maternal deaths occurred in hospital, seven of the patients being previously booked for hospital confinement. Two of the patients had been residing outside the county and only returned a few days before their confinement. One death was due to eclampsia, one to acute myocardial failure associated with toxæmia, two to post partum pulmonary embolism (one of these patients was suffering from pulmonary tuberculosis), one to rupture of the uterus, one to obstetric shock and post partum hæmorrhage and one to shock and hæmorrhage following eversion of the uterus. One death due to a ruptured ectopic occurred in a pregnancy of a few weeks duration.

Ophthalmia Neonatorum

There were 12 cases notified in 1950; seven were treated at home and five in hospital and all recovered with unimpaired vision.

Premature or underweight babies

The following are the details for 1950:—

Total number of premature babies and underweight babies (i.e., birth weight $5\frac{1}{2}$ lbs. or less) 286

Number born in hospital or maternity home (see following table) 156

	County M. and C.W. Area	Oldbury	Kidderminster	Total
Died within 24 hours ...	1	2	1	4
Died within 1 month ...	*8	2	5	15
Survived at end of one month	95	14	28	137
Totals ...	104	18	34	156

* Infants who died within 24 hours are not included in this figure.

Of the 130 babies born at home 14 were sent to hospital and 116 were nursed at home. Of those nursed entirely at home 5 died in the first 24 hours and 7 died between the 2nd and 28th day.

Given reasonably good home conditions and in the absence of complications, premature babies usually progress well when nursed at home; the special outfits have proved useful in this connection.

Maternity Service

Institutional Midwifery

The County Council undertakes, on behalf of the Regional Hospital Board, the booking of all routine admissions, to the National Health Service Maternity Homes or hospitals in the county. All applications received on account of social reasons are investigated by Health Visitors or Midwives. Medical emergencies and complicated cases are dealt with by the hospitals direct.

The following table gives the number of patients admitted to Regional Hospital Board Maternity Homes in the county during 1950:—

Maternity Homes	Total Cases
Avonside, Evesham	448
Lucy Baldwin Maternity Hospital, Stourport	444
Blakebrook Hospital, Kidderminster ...	155
The Croft, Kidderminster	354
Rigby Hall, Bromsgrove	302
Mary Stevens Maternity Home, Stourbridge	468

In addition there were the following admissions from the Oldbury Divisional Area:—

Hallam Hospital	283
Birmingham Hospitals	53

Approximately 40% of the total births took place in maternity homes or hospitals.

Domiciliary Maternity Service

The domiciliary maternity service in 1950 was undertaken by 86 district nurses of whom 8 are employed on midwifery and 78 on combined duties: there are also 11 full-time midwives who work in the Boroughs of Oldbury and Stourbridge. The following statistics relate to the county service in 1950:—

Midwifery cases	2,321
Maternity cases	642
Midwifery nursing visits	40,639
Maternity nursing visits	14,590
Ante-natal visits	15,853

The family doctors and county midwives are co-operating well in the new maternity scheme. The fact that 78% of domiciliary confinements in 1950 were attended by county midwives in the

capacity of midwife, shows that the doctors are willing to leave to the midwife a large measure of responsibility for the conduct of the normal confinement.

Only 32 births were attended in the district by independent midwives in 1950.

Nurse Hill retired in October 1950, after long and devoted service as a midwife in the Lye area of Stourbridge.

Gas and Air Analgesia

By the end of 1950 94 out of a total of 97 midwives held the gas and air certificate. The number of outfits in use was 82 and the number of patients who received gas and air from midwives in 1950 was 1,472.

Demonstrations of the use of the gas and air apparatus to expectant mothers, as carried out in certain of the ante-natal clinics, is a valuable aid in preventing fear and ensuring its successful use at the time of delivery.

Pethidine

This valuable analgesic and antispasmodic drug was, by permission of the Central Midwives Board, made available for use by midwives instructed in its use. Notes on the use of pethidine were issued to all midwives in the county, the majority of whom are using the drug and finding it of great benefit to the mothers.

Maternity Outfits

These continue to be issued for all home confinements.

Specialist Services

The Regional Hospital Board have reviewed the obstetric specialist arrangements for the county, with a view to establishing a service which will co-ordinate the work of the specialist and his staff, general practitioners and local authority doctors and midwives. Mr. W. T. Kenny, F.R.C.S., M.R.C.O.G., has been appointed a whole-time consultant, based on the new maternity unit at the All Saints' Hospital, Bromsgrove. He will advise on and co-ordinate the service in the Mid-Worcestershire Management Committee's area; this excludes the Boroughs of Stourbridge, Halesowen and Oldbury which will continue to be attached to Dudley and West Bromwich Hospital groups respectively for consultant services. It is anticipated that similar arrangements will be made for the south of the county, based on the South Worcestershire Hospital Management Committee.

Obstetric Emergency Flying Squads

The whole of the county is now covered by a service of obstetric flying squads for emergency domiciliary treatment of maternity patients whose condition is too grave to justify removal to hospital. Oldbury is served by the squads attached to the Hallam and the Birmingham Maternity Hospital; the northern area of the county by the Birmingham Maternity Hospital; Ten-

bury, Martley and Malvern districts by the County Hospital, Hereford, and Evesham, Pershore and Upton-on-Severn districts by the Sunnyside Hospital, Cheltenham. In addition, the Worcester Royal Infirmary, although it does not yet provide an obstetric flying squad, does provide an emergency blood transfusion unit, and it is understood this service is to be extended.

During 1950, 10 visits were made by the squads to patients in their own homes. All responded to treatment and made full recovery.

Medical Aid

Medical aid was required by midwives in 505 cases.

1.	Domiciliary	494
2.	Nursing and maternity homes	11

Puerperal pyrexia

During 1950 notifications of 21 cases of puerperal pyrexia were received. Of these, 16 were maternity home cases, and 5 domiciliary cases. 2 were admitted to hospital for treatment.

Training of Midwives

The Kidderminster District Nurses' Home continues to train up to 6 pupil midwives each year for Part II of the C.M.B. Certificate.

Miss Lowe, superintendent of the Home since May 1945, resigned on account of ill-health. She will be greatly missed in Kidderminster, where she gave outstanding service to district nursing and midwifery.

Miss Hands, county supervisor of midwives, attended meetings of the Council of Non-Medical Supervisors of Midwives, in London, during the year.

6 county nurses, engaged in midwifery practice, attended post-certificate courses during the year.

Prohibition of unqualified persons acting as maternity nurses

An Order under section 6 of the Midwives Act, 1936, which had since 1936 included the whole administrative county with the exception of Oldbury, was extended in November 1950, to include the Borough of Oldbury.

Survey on virus infections in pregnancy

Worcestershire is co-operating in this nation-wide survey sponsored by the Ministry of Health. The purpose of the inquiry is to investigate the incidence of congenital defects occurring in babies born of mothers who suffer from a virus infection (measles, german measles, chicken pox and poliomyelitis), during pregnancy, with a control group of babies born of mothers who have not suffered from any virus infection during pregnancy.

Isobel Morcom Medal and Prize

This medal and prize is awarded each year to a nurse who has given outstanding service to the county, either as a district nurse or midwife. The award for 1950 was made to Miss Agnes Nightingale, S.C.M., midwife in the Borough of Stourbridge, who has given devoted and excellent service in the county for over thirty years.

Health Visiting

Miss Mason retired after nearly thirty years in the county service, as a district nurse, as health visitor in Halesowen, and during recent years as tuberculosis visitor for Halesowen and Oldbury. Miss Mellor, senior health visitor for Kidderminster, who had been the mainstay of the work there for many years, also retired. Miss Mellor was succeded by Miss A. Kean.

Four student health visitors completed the Birmingham course and joined the staff in May.

Difficulty was experienced, in common with Birmingham and other authorities, in obtaining sufficient candidates of the right type for the 1950-51 course. This is probably due to the uncertainty as to the future of health visitor training and also to the long delay by the Whitley Council before adjusting salaries in line with hospital staffs.

Two outside candidates were accepted, the other two vacancies being given to two county Queen's nurses working in rural areas, where they both undertake health visiting duties.

The arrangement by which health visitor students training in Birmingham obtain rural experience by working with county health visitors in Worcestershire, continues.

The health visiting work in the county was undertaken by a staff of 40 health visitors; six of this number are employed on tuberculosis and school work. In addition 45 district nurses undertook part-time health visiting duties in rural areas.

The following visits were made during the year by health visitors:—

	First visits	Total visits
Expectant mothers	841	1,458
Children under 1 year ...	6,228	38,319
Children between 1 and 5 years	161 +	53,247
Other visits	2,097	3,621

+ The increase as compared with 1949 is due to transit camps being included.

The following is a summary of the general nursing work (excluding midwifery) performed by district nurses:—

General nursing cases	7,857
General nursing visits	140,653
Other visits	19,099

Nine district nurses attended post-certificate courses in 1950.

The total number of cars belonging to the Council and used by district nurses was 47; five new cars were supplied during the year.

At the end of 1950 the district nursing staff consisted of 100 whole-time and 9 part-time nurses as follows:—

No. employed full-time on home nursing ...	14
,, ,, ,, ,, midwifery ...	8
,, ,, ,, ,, home nursing and midwifery	78
,, ,, part-time on home nursing...	9
Total ...	109

Educational Work

Mrs. M. B. Matty, County Councillor, one of the County Council's representatives on the Home Safety Committee of the Royal Society for the Prevention of Accidents, has very kindly agreed to give talks to mothers attending welfare centres, on safety in the home. Talks to Women's Institutes, Parents' and Teachers' Associations and other organisations, on various health subjects, have been given by members of the County medical and nursing staff during the year.

Demonstration of infant garments, vitamin foods, etc., and displays of special posters have been provided in several of the welfare centres.

Adoptions

The Worcester Diocesan Moral Welfare Association, a registered adoption society, continue to arrange adoptions on behalf of the County Council. The closest co-operation exists between the Association and officers of the various departments of the County Council concerned.

The new Adoption Act came into force in January 1950, and the Children's Officer was appointed guardian ad litem. The Health and Children's Committees agreed that the health visitors should continue to visit and supervise all children placed for adoption, during the period of probation. Reports on these visits are made available to the children's officer.

Child Life Protection

Health visitors and district nurses continue to undertake the quarterly visits to foster children, until the child is eight years old.

Children neglected or ill-treated in their own homes

A joint circular was issued in July by the Home Office, the Ministry of Health, the Ministry of Education, on the need for consultation locally between all officers concerned with the problem of children neglected or ill-treated in their homes. As there was already in existence a conference which met monthly, of representatives of sections of the health department, the Children's Officer and the Organiser of the Worcester Diocesan Moral Welfare Association, dealing with allied problems, it was agreed to extend this meeting, which is convened by the County Medical Officer, to include representatives of the National Society for Prevention of Cruelty to Children, the Women's Voluntary Service, the Education departments and the National Assistance Board. The question of formation of local committees is under consideration, in the meantime an experimental local committee has been formed in Stourbridge. The existing social welfare committee in Kidderminster already deals with this problem.

These committees hope to be able to recommend certain practical steps to deal not only with cases of established neglect, but to prevent those conditions which eventually lead to the creation of problem families.

Visitors

Visitors to the maternity and child welfare department during the year included Miss Lee Brown, Director of the Public Health Nursing College, Tennessee, U.S.A., and students training to become tutors to Health Visitor Training Centres.

County Lecture Course

A very successful three day course of lectures for members of the health department staff was held in May—with an average daily attendance of 100. Invitations were extended to general practitioners and to staffs of neighbouring local authorities.

May 3rd—*Morning session*

Chairman—Sir Chad Woodward, J.P., (Chairman, Worcestershire C.C.).

Speakers— Mr. Wilfred Mills, F.R.C.S., M.R.C.O.G.

"Ante-Natal Care"

Dr. J. J. Graham, M.B., Ch.B., D.P.M. (Medical Director, Child Guidance Clinics, Worcestershire),

"Psychology and the Patient"

Afternoon session

Chairman—Mr. R. R. Adam (Chairman, Birmingham Regional Hospital Board).

Speakers— Mrs. M. E. Moore Ede, M.B.E. (County Organiser W.V.S.).

"The Home Help and other Voluntary Welfare Service"

Dr. J. H. Sheldon, M.D., F.R.C.P. (Director of Medicine and Senior Physician, Wolverhampton Royal Hospital).

"The Care of the Aged"

May 4th—*Morning session*

Chairman—Mr. H. Parkes, J.P. (Chairman, Health Committee, Worcestershire C.C.).

Speakers— Dr. C. Fraser Brockington, M.A., M.D., D.P.H., Barrister at Law. (County Medical Officer, West Riding of Yorkshire).

Dr. Jean Macktintosh, M.D., M.B., Ch.B., D.P.H,. D.P.A. (Senior Assistant Medical Officer of Health Maternity and Child Welfare, City of Birmingham).

"The Health Visitor of the Future."

Afternoon session

Chairman—Mr. K. D. Briggs, J.P., (Chairman, Maternity and Child Welfare Sub-Committee, Worcestershire C.C.).

Speakers —Miss R. C. J. Edgecombe, S.R.N., S.C.M., M.T.D. (Sister Tutor, Sorrento Maternity Home, Birmingham).

"The Conduct of Labour"

Dr. R. S. McArthur, M.D., M.B., Ch.B., D.O.R.C.O.G. (Senior Visiting Medical Officer Lucy Baldwin Maternity Hospital).

"Nursing Care of Patients in the Home"

May 5th—*Morning session*

Chairman—Mr. Charles Terry, C.B.E. (Chairman, Education Health Sub-Committee, Worcestershire C.C.).

Speakers —Dr. H. M. Cohen, M.D., M.B., Ch.B., D.P.H. (School Medical Officer, City of Birmingham).

"The School Health Service"

Dr. R. B. Mayfield, B.A., M.D., B.Ch., D.P.H. (Consultant Chest Physician).

"B.C.G. Vaccination"

Afternoon session

Chairman—Dr. M. P. Martin, D.S.O., M.R.C.S., L.R.C.P.

Speakers —Dr. A. G. V. Aldridge, M.A., M.D., M.R.C.P. (Consultant Pædietrician, Worcestershire Hospitals).

"Breast Feeding."

Miss I. C. Shires, T.C.S.P. (Physiotherapist).

Demonstration of Ante-Natal Exercises.

Infant Welfare Centres

The County Council are very grateful to all voluntary committees and helpers who put in many hours of valuable assistance without which it would be difficult to run the many infant welfare centres in the county.

After adaptation, the Evesham Welfare Centre at Avonside, was opened early in the year. Great credit is due to the County Architect's department for the transformation of these premises, which are most attractive as well as convenient.

Coventry Street Clinic, Kidderminster, was formally opened by Alderman K. Briggs, Chairman of the County Maternity and Child Welfare Sub-Committee and of the Kidderminster Divisional Area Committee, in April 1950. This provides an excellent centre for ante-natal, infant welfare, dental, school clinics and other health activities. Great difficulties had to be overcome in conversion of these premises, but the result is most satisfactory. Mill Street and Prospect Lane Clinics were closed, the work of these centres being met by the new Coventry Street Clinic. Arrangements with the Army authorities for the use of the sick bay at No. 7 Families Camp, Kidderminster, were completed and a very successful infant welfare centre meeting the needs of families both from the camp and the adjoining housing estate, is the result.

Adaptations were completed at the Shirehall Clinic, Worcester; while redecorating and other improvements were completed at Wesley Street, Oldbury, New Road, Stourbridge, and the Old Vicarage, Redditch.

Mobile Infant Welfare Clinic

This service was extended during the year to include Hanbury, Childswickham, Sedgeberrow and Aston Somerville.

A new van designed to carry equipment and providing accommodation for about 9 mothers and children, is on order, and should be available for use early in the new year. By providing transport, it is hoped to meet the needs of mothers and children who live in areas beyond reasonable walking distance of the centres,

The place of and average attendance at centres are given below:—

Infant Welfare Centres

		Held	Average Attendance
Bewdley Borough	Wribbenhall ...	Fortnightly	44
Bromsgrove Urban	Bromsgrove ...	Weekly & Fortnightly	44
	Catshill ...	Weekly	35
	Rubery ...	Fortnightly	40
Bromsgrove Rural	Alvechurch ...	Fortnightly	19
	Beoley ...	Monthly	19
	Belbroughton ...	Fortnightly	18
	Cofton Hackett	Fortnightly	21
	Clent ...	Fortnightly	17
	Hagley ...	Fortnightly	24
	Finstall ...	Fortnightly	28
	West Heath ...	Weekly	25
	Wythall ...	Fortnightly	34
Droitwich Borough	Droitwich ...	Weekly	44
Droitwich Rural	Crowle ...	Monthly	25
	Cutnall Green ...	Monthly	23
	Hartlebury ...	Fortnightly	26
	Ombersley ...	Fortnightly	18
	Stoke Works ...	Fortnightly	10
Evesham Borough	Evesham ...	Weekly	32
Evesham Rural	Ashton-under-Hill ...	Monthly	6
	Badsey ...	Monthly	21
	Beckford ...	Monthly	12
	Bretforton ...	Monthly	33
	Broadway ...	Fortnightly	35
	Honeybourne ...	Monthly	31
	Kemerton ...	Monthly	16
	Littleton ...	Fortnightly	21
Halesowen Borough	Blackheath ...	Weekly	64
	Cradley ...	Weekly	45
	Halesowen ...	Weekly	70
Kidderminster Bor.	Birchen Coppice	Weekly	32
	Broadwaters ...	Weekly	27
	Coventry Street (opened April, 1950)	Weekly	59
	Franche ...	Weekly	13
	Mill Street ... (closed April, 1950)	Weekly	42
	Prospect Lane... (closed April, 1950)	Weekly	27
	Foley Park ...	Weekly	50
Kidderminster Rural	Chaddesley Corbett ...	Monthly	15
	Cookley ...	Fortnightly	18
	Rock ...	Fortnightly	8
	Wolverley ...	Monthly	29
Malvern Urban	Lansdowne ...	Weekly	25
	Link ...	Weekly	38
	Newtown ...	Weekly	22
	Wyche ...	Monthly	15
Martley Rural	Broadheath ...	Fortnightly	12
	Hallow ...	Fortnightly	22
	Clifton-on-Teme	Monthly	8
	Little Witley ...	Quarterly	12
	Shrawley ...	Quarterly	13
	Great Witley ...	Quarterly	14
Oldbury Borough	Langley ...	Twice weekly	64
	Warley ...	Twice weekly	48
	Wesley Street ...	Weekly	70

		Held	Average Attendance
Pershore Rural	Bredon ...	Monthly	16
	Fladbury ...	Fortnightly	9
	Norton ...	Monthly	19
	Pershore ...	Fortnightly	34
Redditch Urban	Astwood Bank	Fortnightly	40
	Feckenham ...	Monthly	18
	Redditch ...	Twice weekly	48
Stourbridge	Lye—Infants ...	Weekly	48
	Toddlers Exam'ns ...	Fortnightly	12
	Pedmore ...	Fortnightly	10
	Stourbridge—Infants ...	Twice weekly	41
	Toddlers Exam'ns ...	Fortnightly	12
Stourport-on-Severn	Areley Kings ...	Fortnightly	34
	Stourport ...	Fortnightly	40
Tenbury Rural	Tenbury ...	Fortnightly	16
Upton-on-Severn Rural	Hanley Swan ...	Monthly	10
	Kempsey ...	Monthly	40
	Upton-on-Severn	Fortnightly	28
	Welland ...	Fortnightly	12

Mobile Clinic

	Number of visits	Average attendance
Aston Somerville	11	... 15
Bishampton	10	... 14
Childswickham	11	... 11
Hanbury	3	... 11
Knighton-on-Teme	5	... 7
Martley	11	... 14
Sedgeberrow	11	... 10
Wilden	12	... 25

Weighing Centres

Weighing centres are held by district nurses in the following rural areas:—

(1) Alfrick, Bransford, Brockamin, Leigh—Monthly.

(2) Fernhill Heath—Fortnightly.

Ante-Natal Clinics

	Held	Average Attendance	First Visits
Bewdley	Monthly	5	20
Bromsgrove	Twice weekly ...	6	74
Blackheath	Weekly	9	47
Cradley	Weekly	6	44
Droitwich	Fortnightly	10	45
Halesowen	Weekly	5	37
Kidderminster	Weekly—Doctor's clinic ...	18	158
	Weekly—Midwives clinic ...	12	122

		Average Attendance	First Visits
Lye	Weekly	8	58
Malvern	Fortnightly	5	37
Oldbury—Langley	Weekly	24	175
Warley	Weekly	10	88
Wesley Street ...	Weekly	16	129
Redditch	Weekly	11	56
Rubery	Fortnightly	6	24
Stourbridge	Weekly	18	119
Worcester	Weekly	8	77
Wythall	Fortnightly	4	11

Attendances of ante-natal patients at infant welfare centres—136.

Pathological Examinations

Routine blood examinations are carried out at ante-natal clinics. The investigations are undertaken by the Department of Pathology, Worcester Royal Infirmary and by the Regional Blood Transfusion Department, Birmingham.

The following are details of tests taken at county ante-natal clinics during the year:—

I. Rhesus Tests—

1. Total number of tests 946
2. Number of Rhesus negative results 189
3. Number in (2) above in which complications occured in infant 3

II. Wassermann Tests—

1. Total number of tests 898
2. Number of positive reactions ... 9

Ante-Natal Exercises

Classes continue to be held in Bromsgrove, Halesowen and Stourbridge; a new class has started in Kidderminster and another is about to be opened in Droitwich. These classes, which are much appreciated by the mothers, are supervised by a trained physiotherapist—Mrs. Perry Keene. General practitioners have been advised that they may send their patients to these clinics.

Dr. F. S. Melville (Assistant County Medical Officer) comments:—

"The population shift, from the old parts of Lye particularly, to the new housing estate at Norton is having a very noticeable effect on the clinics. At Orchard Lane both ante-natal and infant welfare clinics have been adversely affected by this movement, but there has been a corresponding improvement at New Road.

I am hoping in 1951 that we may start an infant welfare clinic at Wollescote, especially now that estate is again being extended.

The exercise clinic for ante-natal mothers at Stourbridge is now well attended and, particularly for the primipara, is of great assistance. Apart from the obvious ways that this helps the mothers, it also gets them even better acquainted with the clinic and staff and they subsequently attend the infant welfare clinic better. I also have the feeling—I am afraid that as yet I have no figures or proof—that as a result there are more of these mothers breast-feeding.

We are particularly fortunate in Stourbridge and Lye that all the health visitors are well liked by the mothers and can get the best out of them.

The Toddlers' Clinic is also well attended, as can be seen on the appended table, and I think the mothers appreciate it. There are certainly quite a number who ask when they are to get an appointment. The value of this clinic, I think, will show even more as these toddlers arrive at school. The obvious aim is to have a continuous Preventative Service from before birth until at least school-leaving age; ideally it would go on to old age and death.

While I appreciate the position regarding dentists, it is a great pity that the number of under 5's seen at these clinics with defective teeth cannot be given treatment sooner and not when the only treatment left is extraction. Dental practitioners, of course, will seldom touch these children.

Clinic	Numbers Invited	Numbers Attended	Percentage	Total Number of Defects Found
Stourbridge ...	454	251	55·3	126
Lye	400	287	71·75	225

Tonsils, adenoids, dental caries, glands, and minor orthopædic defects take pride of place, but in all 28 different types of defects are listed in the total."

Consultant Pædiatric Service

Dr. A. G. V. Aldridge acts as Consultant pædiatrician to the County Council. Dr. Aldridge holds a monthly clinical meeting at the Worcester Royal Infirmary, for assistant county medical officers. These meetings have proved extremely useful and interesting, and are greatly appreciated by the medical officers on my staff.

The Unmarried Mother

The Worcester Diocesan Moral Welfare Association, through their organiser, Mrs. Heading Mitchell, and her staff of trained workers, undertakes welfare work for the unmarried mother and her baby, on behalf of the County Council. Certain alterations were made this year in the financial arrangements between the County Council and the Association. Grants have been made by the County Council towards adoption and welfare work, while a scheme of per capita payment has been introduced for the maintenance of Worcestershire girls and their babies in residential hostels,

The Association maintains the following Homes in the county:—

St. Catherines, Malvern, provides for the very young mother and her baby. Accommodation is provided for 18 mothers and babies. Four Worcestershire girls and their babies were admitted during the year.

Greenhill Hostel, Kidderminster — This hostel was used for nursing purposes for several months and re-organisation is being considered. At the time of writing it has re-opened for the admission of expectant mothers.

St. Faiths Hostel, Malvern—is a shelter which is of particular value for short stay cases. During 1950, 11 girls and 2 babies were accommodated.

During the year, 21 girls and their babies were admitted to hostels outside the county, this being partly due to restrictions at Greenhill.

Prior to June 1950, the arrangements for the admission of unmarried girls and their babies were covered by a grant to the Diocesan Moral Welfare Association. Since that date payment has been made on a capitation basis and up to the end of 1950 21 girls and their babies were admitted to hostels outside the county at the cost of the County Council, as follows:—

"Castlebar," Sydenham Hill, London	1
"Chaddeslode," Shrewsbury	1
Fellowship of St. Michael, London	1
"Francis Way," Knowle	4
Grove House, Bristol	1
Mrs. Hay Memorial Home, Wolverhampton...	4
"Lahoi-Roy," Moseley	2
Mrs. Legge Memorial Home, Wolverhampton	1
Lyncroft House, Lichfield	2
St. Agnes' Hostel, Dudley	1
St. John's Home, Bristol	2
"Woodville," (Birmingham Catholic Maternity and Child Welfare Council)	1

The following information has been supplied to me by the Rev. Mother Superior in charge of St. Catherine's House, Malvern, the work of which is aided by a grant from the County Council:—

> "St. Catherine's House was opened for unmarried mothers and their babies in the autumn of 1945, as an experiment. The girls then admitted came for only six months, and with some of these we are no longer in touch, but those known to us appear for the most part to have made good.

As time went on, we received more and more requests to take the very young mother and it was decided in May 1950 to limit admissions to those under 18 years of age and to keep them, together with their babies, for as long as might seem desirable in each case. Nearly all these young mothers have kept their babies in spite of difficulties. Some have married the putative father or another man willing to accept responsibility for the child, and, as far as is known, have settled down happily.

The majority of these young girls have been placed under the care of the Local Authority by Court order, and in two cases where there was no question of marriage the girls on reaching the age of 18 years, when the order expired, returned to their very unsatisfactory homes. One of these, after a few weeks ' freedom ' has already realised her mistake and asked her worker to place her in a residential post with her baby.

It would appear that our decision to take only girls from the one age group is being justified. Both girls and babies are clearly benefitting by a longer stay in the hostel.

In the case of a girl who cannot return home, and where the question of marriage does not arise, it will be far easier for her to obtain employment if the baby is old enough to go to a nursery school by the time she leaves.''

Breast Feeding Survey

This survey, though small, was carried out with certain objects in view. In order that the findings should represent a true picture and avoid special effort which can easily arise in any enquiry it was decided to investigate all babies born in September 1950, the nature of the enquiry not being made known until March 1951.

The importance of breast feeding is generally accepted; it was considered that it would be of interest to ascertain whether there was any significant difference in the success or otherwise of breast feeding efforts in the following instances:—

(1) Comparison of breast feeding results in domiciliary confinements when compared with institutional confinements;

(2) comparison of findings between urban and rural areas;

(3) comparison of findings where district nurse midwives (who act as part time health visitors) were concerned with those where a midwife and later a whole time health visitor were responsible for advising the mother.

It will be seen that only about one quarter of the babies included in the survey were breast fed for the six months period; an assessment of the health and physical condition of these babies indicates the advantage enjoyed by the breast fed baby both as regards general condition and some reduction in the incidence of gastro-enteritis, other gastric disorders and respiratory disease.

The figures are too small to draw any conclusions but there is an indication that continuity of care (i.e. district nurse midwife acting as part-time health visitor) may be more successful in establishing breast feeding; this initial gain does not extend to group IV (i.e. breast feeding continued for full six months).

It is, I think, of interest to remember that Oldbury, an industrial town, had in 1950 a relatively favourable infant mortality rate of 30; at the same time, although based on admittedly small figures, only 16.5% of the babies were breast fed for six months. In Kidderminster Borough, with the disappointing mortality rate of 49, the corresponding percentage of " breast fed for six months " was 28.9%.

The figures are I think of sufficient interest to justify further investigations.

The total number of cases reported upon was 368. Of these 302 (82%) were seen by Health Visitors and 66, (17.9%) by District Nurse-Midwives; 197 (53.5%) were delivered at home and 171 (46.5%) in Hospital or Maternity Homes.

For purposes of comparison the cases were divided into four main groups, viz:—

I. Cases where breast feeding was never established.

II. Cases where breast feeding failed before 3rd month.

III. Cases where breast feeding failed between 3rd and 6th month.

IV. Cases where breast feeding continued for full 6 months.

With regard to duration of breast feeding comparisons have been made between:—

(1) Kidderminster, Oldbury, and the remainder of the County.

(2) Urban (i.e. visited by health visitors only) and Rural (district nurses) areas.

(3) Babies born at home and in institutions.

The four main groups have been compared in respect of the subsequent health of the baby and of the types of illness to which he or she was subject.

The reasons given by mothers for failure to breast feed their babies have been analysed for each of the four groups.

DURATION OF BREAST FEEDING

	Kidderminster		Oldbury		Areas of county health visitors		Areas of nurse midwives	
GROUP I								
Breast feeding never established	11	24.44%	13	14.28%	17	10.24%	3	4.54%
GROUP II								
Breast feeding failed before 3rd month	14	31.11%	47	51.65%	70	42.16%	28	42.42%
GROUP III								
Breast feeding failed between 3rd and 6th month ...	7	15.55%	16	17.58%	28	16.86%	18	27.27%
GROUP IV								
Breast feeding continued for full 6 months	13	28.88%	15	16.48%	51	30.72%	17	25.75%
	45	99.98%	91	99.99%	166	99.96%	66	99.98%

COMPARISON BETWEEN DURATION OF BREAST FEEDING IN URBAN AND RURAL AREAS

Note: Urban areas have been regarded as corresponding to those districts visited by full-time health visitors and rural areas to those visited by district nurse midwives.

	Visited by health visitors		Visited by district nurse midwives	
GROUP I				
Breast feeding never established	41	13.58%	3	4.54%
GROUP II				
Breast feeding failed before 3rd month	131	43.34%	28	42.42%
GROUP III				
Breast feeding failed between 3rd and 6th month ...	51	16.56%	18	27.27%
GROUP IV				
Breast feeding continued for full 6 months	79	26.12%	17	25.75%
	302	99.60%	66	99.98%

HOME AND INSTITUTIONAL DELIVERY — DURATION OF BREAST FEEDING.

Born at Home ... 197 (53.5%). Born in Institutions ... 171 (46.5%)

	Born at Home		Born in Institutions		Total	
GROUP I Breast feeding never established	23	11.67%	21	12.28%	44	11.95%
GROUP II Breast feeding failed before 3rd month	91	46.19%	68	39.76%	159	42.66%
GROUP III Breast feeding failed between 3rd and 6th month ...	33	16.75%	36	21.05%	69	18.76%
GROUP IV Breast feeding continued for full 6 months	50	25.36%	46	26.9%	96	26.09%
	197	99.97%	171	99.99%	368	99.46%

THE HEALTH AND PHYSICAL CONDITION OF BABIES IN RELATION TO THE TYPE OF FEEDING.

	GROUP I Breast feeding never established 43 cases*		GROUP II Breast feeding failed before 3rd month 159 cases		GROUP III Breast feeding failed between 3rd and 6th month 69 cases		GROUP IV Breast feeding continued for full 6 months 96 cases	
Physical condition at end of 6th month period—GOOD	37	86.04%	130	81.76%	61	88.4%	92	95.83%
FAIR	6	13 95%	26	16.35%	8	11.6%	4	4.15%
POOR	.....		3	1.88%	.....		.....	
History of gastro-enteritis	4	9.30%	1	.63%	2	2.89%	2	2.08%
History of other gastric disturbance	6	13.95%	9	5.76%	3	4.34%	5	5.02%
History of respiratory disease ...	13	30 23%	36	22.64%	13	18.83%	11	11.45%
History of respiratory disease with bronchitis specifically mentioned	9		33		10		10	
History of other illness	10	23.25%	22	13.83%	6	8.69%	5	5.20%
History of whooping cough	1		3		2		4	
History of measles	1		3		1		1	
History of chicken pox	1		3		.....		1	

*There were 44 cases in this group but one left area before completion of 6 months.

ANALYSIS OF REASONS GIVEN BY MOTHERS FOR FAILURE TO BREAST FEED.

	GROUP I Breast feeding never established 43 cases		GROUP II Breast feeding failed before 3rd month 159 cases		GROUP III Breast feeding failed between 3rd and 6th month 69 cases		TOTAL	
Relating to Mother								
Deformed or retracted nipples...	9						9	3.32%
Mothers general health ...	3		25		9		37	13.66%
Mother died	1						1	.34%
Breast abscess	1		3		1		5	1.84%
Sore nipples	1		1		.....		2	.73%
Mother wishing to go out to work			7		2		9	3.32%
Mother wished to bottle feed ...	1		5		1		7	2.58%
Relating to Child								
Trauma or weakness	3						3	1.10%
Sore mouth	1						1	.34%
Colic and vomiting	1		4		1		6	2.21%
Baby "refused"			1				1	.34%
Child taken to hospital for illness or operation			3		1		4	1.47%
No reason discovered			4		1		5	1.84%
Child not satisfied, not gaining or secretion poor	22	51.16%	102	64.15%	50	72.46%	174	64.20%
Where "medical advice" is only reason given			4		3		7	2.58%

Day Nurseries

The four day nurseries in Bromsgrove, Oldbury, Redditch and Stourbridge are fully occupied. Priority of admission is given to cases requiring admission for health or social reasons. Following the Minister of Health's permission for an increase in maintenance charges, the weekly fees were raised from 5/- to 7/6, the County Medical Officer having a discretion to reduce the charge to 5/-, where special financial hardship exists.

Plans for the erection of a new nursery in Redditch, providing accommodation for 45 children, to replace the existing premises at Church Green, have been approved by the Minister of Health.

The lease of the Stourbridge Day Nursery has been extended until 1958.

Mrs. Simmonds was appointed Matron of Redditch Day Nursery in succession to Miss Fennell, who resigned on marriage.

Miss Walker, Matron, and Mrs. Bradley, Deputy Matron, Bromsgrove Day Nursery, attended post-certificate courses in Birmingham.

Miss Hayward, staff nurse, Stourbridge Day Nursery, attended a senior child care reserve course.

Training of Nursery Students

Bromsgrove, Redditch and Stourbridge Day Nurseries are recognised for the training of nursery students.

On the recommendation of the Ministry of Education and the Ministry of Health, the County Education Department were asked to extend the training facilities started in 1949 at Bromsgrove Technical School, to include students from Birmingham Residential Nurseries situated in the county. Provision had therefore to be made for a total of about 60 students. Miss Thomas, Educational Tutor, was appointed by the Education Department to co-ordinate the training course. Mrs. Shennan, S.R.N., was appointed by the Health Committee, as Health Tutor to the course.

By arrangement with the children's department all Day Nursery students during their training, spend 3 months in the Residential Nursery in Stourbridge. This provides very valuable experience in baby care and also ensures that the student obtains experience in the care of babies and young children throughout the 24 hours.

Nurseries and Child Minders Regulation Act, 1948

There are two nurseries registered under this Act. No additional nurseries were registered during 1950.

One child minder was registered in 1950, the only one to be registered since the Act came into operation.

Nursing Homes

Three additional nursing homes were registered and two relinquished their registrations during 1950, bringing the total of registered homes in the county to 18 on the 31st December 1950. Of these nursing homes, eight provide accommodation for maternity patients; the total admissions to these maternity beds in 1950 was 377. Periodic visits are made to all registered nursing homes by the Assistant County Medical Officers.

Home Nursing (Section 25)

The district nursing service is linked with the midwifery service in the rural areas; the fall in the birth rate and the increasing hospitalisation of confinements make it possible to undertake more " home nursing " activities and thus avoid under-employment of midwives. The service was entirely the responsibility of voluntary associations up to the appointed day; the County Nursing Association, which is represented on the Health Sub-Committees still provides the link with the district associations, the majority of which continue to function with useful, if somewhat restricted, duties.

Miss Meadway Russell is the Honorary Advisor of the County Nursing Association, and, at the same time, the County Superintendent for District Nursing. Her deputy, Miss Price, left on 31st December 1950 to take up an appointment in Cornwall; whilst regretting Miss Price's departure I wish her success in her new appointment; Miss Morain has been appointed as her successor.

The total number of nurses employed on all types of domiciliary work is approximately 120. Of this number 15 are employed full-time on home nursing duties and 78 are employed on both home nursing and midwifery duties.

During 1950 the general nursing cases attended numbered 7,857; the number of general nursing visits were 140,653.

In connection with the nursing of hop pickers during the 1950 season, seven nurses (including those specially engaged) made 2,130 visits to 617 cases.

It has not proved possible to establish a permanent mobile emergency staff of nurses. A list of nurses, usually married, willing to undertake part-time, or give occasional assistance is maintained by the office. The restrictions of this arrangement, useful as it undoubtedly is, adds much to the responsibility and worry of my County Superintendent, Miss Meadway Russell, to whom I wish to record my thanks for her ready and willing assistance, in 1950 as in former years.

During the year 15 district nurse students from Birmingham and Worcester Queen's Training Homes, visited the county.

Three county Queen's nurses attended a post certificate course arranged by the Queen's Institute of District Nursing. The County Council increased the number of combined Queen's district training and health visiting scholarships to three, for the year 1950.

Plans have been approved by the Ministry of Health for the County Council to build houses for district nurses at Clows Top, Oldbury, Stoke Works and Crabbs Cross. The action taken by Droitwich Rural District Council in allocating a council house for the Hartlebury nurse is much appreciated.

Five new cars were supplied to the nursing service during the year.

Medical Comforts Depots

These are maintained on behalf of the County Nursing Service by the St. John Ambulance Brigade and the British Red Cross Society. This voluntary work is greatly appreciated by the County Council.

In addition the district nurses usually have a district room with a "comforts" cupboard for the storage of the more ordinary nursing requisites for which there is a day to day demand; these articles are issued on loan.

The County Council can, I believe, expect an increasing demand to arise in connection with those services concerned with domiciliary treatment; the cost of hospitalisation, the shortage of nurses, the ageing of the population and the wish of the people all indicate a need for the expansion of home nursing (Section 25), domestic help (Section 29) and the supply of medical comforts and appliances in the form of after-care (Section 28). This is a matter which I am certain will assume increasing importance if the required standard of social welfare services is to be maintained and be generally available.

It is unfortunately not a question of cost only; the demands on a fixed labour pool of suitable man or woman power can but produce limited results. This circumstance is only too obvious in national or local authorities activities and in the realms of private business; to recruit from this pool may possibly maintain, but cannot be expected to meet, an expanding demand.

Although administratively unpopular and difficult, the use of the married trained worker for occasional or part-time duty in proximity to her home must be further encouraged; local knowledge in the form of nursing associations may assist in finding such persons. The male district nurse has so far not been tried in this county, but dilution with the assistant nurse, has begun in that there were five of these nurses working in the county during 1950.

The communal nurses home is no longer popular. To advertise a vacancy for a midwife with a house and car available is likely to produce applicants but without these attractions the response from either midwives or district nurses is likely to be small.

Vaccination and Immunisation (Section 26)

No change has been made in the County Scheme for either vaccination or immunisation.

The general aim is to utilise the services of general practitioners, whole-time medical officers, health visitors and district nurses to ensure as many children as possible are protected against the risk of diphtheria or smallpox.

During the months of July to October when poliomyelitis was prevalent, immunisation was temporarily suspended; the risk of complications may have been small but a single case of poliomyelitis which was suspected to be associated with immunisation might have resulted in much harm to a young and popular service.

There are arrears of cases to be reduced: I hope my request to all districts that a special effort be made with this object in view will prove fruitful.

The records on which the following tables are prepared are compiled at local offices under the administration of the district medical officers of health. A study will indicate there are still many districts where the percentage of children protected against diphtheria is too low for safety; and further efforts are called for in these instances.

The Health Committee gave consideration to the rather disappointing response towards vaccination; some members favoured a return to the former compulsory measures. I was finally instructed to bring the matter up at a meeting of the Local Medical Committee asking for the help and advice of general medical practitioners; this has been done.

The following is the vaccination return for the County for the year ended 31st December 1950:—

NUMBER OF PERSONS VACCINATED (or re-vaccinated) DURING PERIOD

Age at date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	TOTAL
Number Vaccinated ...	2255	324	119	121	2819
Number Re-Vaccinated ...	6	25	94	418	543

The corresponding total of primary vaccinations for the year 1949 was 2784.

There were no cases of generalised vaccinia.

The form of return had been amended by the Ministry of Health so that the inclusion of children in various age groups depended on the age of the child at the date of vaccination and not as in previous years upon the age at 31st December. The previous form had in some areas been misunderstood and had produced an under-statement of the number of infant vaccinations.

Of the 2819 primary vaccinations 468 were performed at Clinics, being 16.6 per cent compared with 11.8 per cent for 1949.

VACCINATION—ANNUAL RETURN FOR THE YEAR ENDED 31st DECEMBER, 1950—SUMMARY

The following table gives the figures for each County District:—

District	No. of persons vaccinated					No. of persons re-vaccinated				
	Under 1	1 to 4	5 to 14	15 or over	Total	Under 1	1 to 4	5 to 14	15 or over	Total
Bewdley Borough ...	50	4	—	7	61	—	1	1	3	5
Droitwich Borough ...	57	2	1	1	61	—	3	13	13	29
Evesham Borough ...	30	6	—	7	43	—	1	6	16	23
Halesowen Borough ...	99	72	12	12	195	—	1	5	26	32
Kidderminster Borough	215	18	14	17	264	—	3	9	37	49
Oldbury Borough ...	157	11	5	9	182	—	2	1	32	35
Stourbridge Borough ...	297	15	10	5	327	—	—	5	22	27
Bromsgrove Urban ...	156	10	7	14	187	—	2	5	53	60
Malvern Urban ...	177	12	17	10	216	—	5	12	71	88
Redditch Urban ...	148	111	14	1	274	—	—	4	29	33
Stourport Urban ...	133	4	6	6	149	—	—	—	15	15
Bromsgrove Rural ...	145	18	13	6	182	—	1	8	30	39
Evesham Rural ...	59	10	7	6	82	—	—	—	24	24
Droitwich Rural ...	132	8	2	1	143	4	2	6	10	22
Kidderminster Rural ...	53	4	1	3	61	—	2	2	11	15
Martley Rural	117	6	4	1	128	2	—	4	10	16
Pershore Rural	103	7	2	7	119	—	1	3	5	9
Tenbury Rural ...	39	—	1	3	43	—	—	2	4	6
Upton-on-Severn Rural	88	6	3	5	102	—	1	8	7	16
TOTAL ...	2255	324	119	121	2819	6	25	94	418	543

The Immunisation Returns are given in the following Tables:—

I. IMMUNISATION IN RELATION TO CHILD POPULATION

Number of Children at 31st December, 1950, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1936).

Age at 31.12.50 i.e. Born in year ...	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5 to 9 1941–45	10 to 14 1936–40	Tota unde 15
Number immunised	99	3013	4732	4738	4192	23475	19906	6015

	Children under five	Children 5-14	
Estimated mid-year child population 1950	34180	58140	9232

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1950

Notifications			Deaths		
Age at date of Notification	Number of Cases Notified	Number of cases included in preceding column in which the child had completed a full course of immunisation	Age at date of death	Number of deaths	Number of cases included in preceding column in which the child had completed a full course of immunisation
Under 1	—	—	Under 1	—	—
1	—	—	1	—	—
2	—	—	2	—	—
3	—	—	3	—	—
4	—	—	4	—	—
5 to 9	1	1	5 to 9	—	—
10 to 14	3	3	10 to 14	—	—
Totals ...	4	4	Totals ...	—	—

III. REINFORCING INJECTIONS

Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) during the year 1950.

Age at 31.12.50 i.e. Born in year ...	5 to 9 1941-45	10 to 14 1936-40	Total
Totals	2,803	127	2,930

DIPHTHERIA IMMUNISATION

Summary of Annual Returns 1950.

District	Estimated mid-year population 1950			Number of children at 31st December, 1950, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1936). Age at 31.12.50 i.e. Born in year.							
	Under 5	5-14	Total	Under 1	1 1949	2 1948	3 1947	4 1946	5 to 9 1941-45	10 to 14 1936-40	Total under 15
Bewdley Borough	410	755	1165	6	26	68	50	63	239	45	497
Droitwich Borough	619	842	1461	1	46	93	81	114	303	308	946
Evesham Borough	1032	1579	2611	—	73	107	87	94	615	717	1693
Halesowen Borough	3113	5893	9006	5	282	492	521	486	2983	2540	7309
Kidderminster Borough ...	3414	5345	8759	4	234	506	486	360	1779	386	3755
Oldbury Borough	4721	8222	12943	6	431	669	660	601	3608	3785	9760
Stourbridge Borough	2989	5023	8012	10	317	429	459	395	2314	2062	5986
Bromsgrove Urban	2317	4272	6589	8	170	312	363	307	1950	1586	4696
Malvern Urban	1699	3894	5593	3	152	247	206	191	888	905	2592
Redditch Urban	2682	3953	6635	26	323	375	407	378	1994	1558	5061
Stourport Urban	1014	1502	2516	8	141	171	141	139	748	594	1942
	24010	**41280**	**65290**	77	2195	3469	3461	3128	17421	14486	44237

DIPHTHERIA IMMUNISATION—Summary of Annual Returns 1950—(continued).

District	Estimated mid-year population 1950			Number of children at 31st December, 1950, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1936). Age at 31.12.50 i.e. Born in year.							
	Under 5	5-14	Total	Under 1	1 1949	2 1948	3 1947	4 1946	5 to 9 1941-45	10 to 14 1936-40	Total under 15
Bromsgrove Rural	2410	4305	6715	4	174	337	286	263	1681	1308	4053
Droitwich Rural	1463	2085	3548	3	117	172	177	182	606	726	1983
Evesham Rural	1481	2266	3747	4	100	189	184	119	673	598	1867
Kidderminster Rural	944	1536	2480	2	73	96	83	86	446	341	1127
Martley Rural	977	1860	2837	4	111	120	153	118	697	643	1846
Pershore Rural	1396	2176	3572	3	129	167	161	102	967	938	2467
Tenbury Rural	452	800	1252	1	28	56	90	51	287	151	664
Upton-on-Severn Rural ...	1047	1832	2879	1	86	126	143	143	697	715	1911
B/F.	24010	41280	65290	77	2195	3469	3461	3128	17421	14486	44237
TOTAL ...	34180	58140	92320	99	3013	4732	4738	4192	23475	19906	60155

DIPHTHERIA IMMUNISATION

Summary of Annual Returns, 1950.

REINFORCING INJECTIONS

Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) during the year 1950.

District	5 to 9 1941-45	10 to 14 1935-40	Total
Bewdley Borough ...	14	—	14
Droitwich Borough ...	16	—	16
Evesham Borough ...	85	8	93
Halesowen Borough ...	256	11	267
Kidderminster Borough	251	1	252
Oldbury Borough ...	403	—	403
Stourbridge Borough ...	254	9	263
Bromsgrove Urban ...	224	11	235
Malvern Urban ...	65	4	69
Redditch Urban ...	275	11	286
Stourport Urban ...	60	1	61
Bromsgrove Rural ...	237	17	254
Droitwich Rural ...	81	3	84
Evesham Rural ...	112	9	121
Kidderminster Rural ...	101	—	101
Martley Rural	62	—	62
Pershore Rural	133	—	133
Tenbury Rural ...	80	—	80
Upton-on-Severn Rural	94	42	136
TOTAL ...	2803	127	2930

Ambulance Service (Section 27)

The National Health Service (Amendment) Act 1949

The provisions amending the National Health Service Act 1946, were operative during 1950. The main alterations affecting the Ambulance Service in the Act was intended to reduce the heavy financial burden falling on county boroughs in connection with the return journeys of county patients from Hospitals which are, very commonly, situated in large towns.

It should be realised that the change does not alter the responsibility of an authority (where the need arises) for the conveyance of patients as laid down in Section 27 of the 1946 Act; but the amending Act makes provision for the financial responsibility for the cost of conveyance to be recovered from the sending authority where patients are discharged to their home areas from hospitals within a period of three months. The altered arrangements, although providing a fairer distribution of cost between counties and county borough, have produced a number of administrative and financial problems which are being ironed out largely by agreement between, and advice given by, the Associations of Local Authorities to their constituent member authorities.

So far as Worcestershire is concerned, the changed position called for particular consideration of the arrangements to be made with the City of Birmingham; a very large number of patients in North Worcestershire depend on the Birmingham hospitals for routine, and, more particularly, specialist hospital services. The Birmingham City Authority have been most helpful; almost all county patients discharged from Birmingham hospitals are conveyed back by Worcestershire ambulances which might otherwise be returning empty; this administrative arrangement is an economy in the use of both vehicles and manpower. The ambulance service is really a national service and forms an inseparable part of the hospital service; so long as the administration is vested in the local health authorites it can only be by their co-operation and good will that the most efficient and economic service possible can be provided.

Administration

The administration of this service from the appointed day included three separate methods of control:—

(1) Direct control from the Health Department, with senior driver-attendants at the larger ambulance stations operating the serivce under the direction of the County Ambulance Officer.

(2) The Worcester City and County Fire Brigade operating the service at Bromsgrove and Kidderminster, with a sub-station at Tenbury.

(3) Through Voluntary Agencies;

(a) Worcester City and District Voluntary Ambulance Committee covering the City of Worcester and a considerable proportion of the adjoining county area. The County Ambulance Officer is, by arrangement, also the Ambulance Officer to the Committee; and

(b) a small voluntary agency operating a service in Wythall (Bromsgrove Rural District).

At a joint meeting between members of the Health and Fire Brigade Committees held in May 1950, it was decided that as the war time control of the civil defence ambulance service would be the responsibility of the Health Department, and as a unified civilian and civil defence service was essential, it would be of advantage to establish at an early date permanent arrangements to operate in peace time or in emergency, should this latter ever arise.

The change over took place on the 1st August 1950 when the operational control of the stations at Bromsgrove, Kidderminster and Tenbury was transferred to the Health Department.

There will be no difficulty in obtaining complete co-ordination with voluntary agency work, as the principal provision at Worcester is already interwoven with the County service by the appointment of the County Ambulance Officer to operate both services.

The need for the appointment of a deputy, to assist both bodies in the same way, is to be considered.

General

The Ambulance Service operated satisfactorily in 1950. Unfortunately the hopes expressed in my last report that the peak figures for cases conveyed and mileage covered by ambulances had been reached, has not materialised; a scrutiny of the tables which follow will disclose further increases in the calls for both ambulance and hospital cars. All possible steps are taken to prevent abuse of the service.

It was found necessary to employ six additional driver-attendants to maintain the service, as it was no longer possible to have the use of the part-time firemen at Bromsgrove and Kidderminster, and also to increased work at Malvern where a whole-time driver-attendant was appointed in the place of a part-time attendant who resigned.

A considerable amount of work is required at several ambulance stations to make premises comfortable for personnel and convenient for the garaging of ambulances.

The following tables give details of cases conveyed and mileages covered in 1950: the figures for 1949 are given for comparison.

TABLE A.—CASES CONVEYED BY AMBULANCES (including those maintained by Fire Service).

Month	Cases		Mileage	
	1949	1950	1949	1950
January ...	2,889	3,851	30,819	38,724
February ...	3,033	3,939	31,666	40,072
March	3,199	4,581	32,931	43,256
April	2,753	3,459	31,509	39,340
May	3,316	4,226	34,946	42,614
June	3,256	4,324	36,424	41,300
July	3,286	4,195	38,654	42,039
August ...	3,054	4,024	38,062	41,472
September ...	3,370	4,098	37,482	41,243
October ...	4,013	3,949	35,080	38,883
November ...	3,727	4,646	35,311	42,051
December ...	3,404	4,094	33,181	40,694
	39,300	49,386	416,165	*492,283

* Includes 595 residue miles during year—Worcester City and District Voluntary Committee.

TABLE B.—CASES CONVEYED BY HOSPITAL CARS.

Month	Cases		Miles	
	1949	1950	1949	1950
January ...	514	676	11,453	15,337
February ...	401	675	9,450	15,354½
March ...	403	783	11,237½	17,439½
April ...	435	646	12,994	14,762½
May ...	510	632	11,587	15,624½
June ...	462	700	13,158	16,254
July ...	522	666	15,337	14,429
August ...	521	632	17,722½	13,800
September ...	570	654	14,687½	13,934½
October ...	562	811	12,378	16,022
November ...	546	782	13,775	16,984½
December ...	465	623	10,481½	13,735
	5,911	8,280	154,261	183,677

TABLE C.—ESTABLISHMENT AT 31st DECEMBER 1950.

Ambulance Station	No. of Vehicles	Driver-attendants Full-time	Part-time
Bromsgrove ...	5	6	—
Droitwich ...	1	—	1
Evesham ...	2	—	2
Halesowen ...	4	4	—
Kidderminster ...	6	6	—
Malvern ...	3	3	1
Oldbury ...	4	*5	—
Pershore ...	1	—	3
Redditch ...	4	5	—
Stourbridge ...	6	6	—
Tenbury ...	1	—	2
Wythall ...	1	—	—
Hayley Green Hospital ...	2	—	—
Hill Top Hospital ...	1	—	—
Malvern Isolation Hospital...	1	—	—
	42	*35	9

* Including one man who is an attendant only.

Transport by Rail

The convenience and comfort of patients conveyed long distances by rail makes it the method of choice unless there are any contra indications; 211 journeys were arranged in 1950 compared with 32 in 1949.

The arrangements made by the Railway Authorities were excellent and their ready assistance is appreciated. The patients conveyed, and sometimes their relatives, are often apprehensive when the suggestion is first made but the trial of this form of transport almost invariably gains the complete satisfaction of the user.

Hospital Car Service

The Hospital Car Service based on centres (usually hospitals) at Worcester, Evesham, Kidderminster, Bromsgrove, Stourbridge and Halesowen continued with the co-operation of the W.V.S., and the Birmingham Regional Hospital Board. This service increases the scope of, and reduces the load falling on, the ambulance service proper. I am grateful to all the voluntary drivers who have given their service and time often at great inconvenience to themselves.

Infectious Diseases Service

Infectious diseases patients were conveyed by the special ambulances, stationed at isolation hospitals by arrangement with the various hospital management committees. There is joint use of vehicles, drivers and nurses; and the hospital management committees pay the County Council 1/- per mile for all work carried out by the vehicles on their behalf.

The financial arrangements have not proved entirely satisfactory, and it is intended that a revised arrangement be agreed for 1951 in the light of experience.

Voluntary Agency

The Worcester City and District Voluntary Ambulance Committee cover on an agency basis the needs of Worcester City and neighbouring County areas (i.e. Droitwich Borough and parts of the Droitwich, Martley and Upton-on-Severn Rural District). During the twelve months ended 31st March 1951, 2,425 county cases were conveyed for a total of 38,710 miles at a cost to the County Council of 22.0433d. per mile (as compared with 19.6901d. for the twelve months ending the 31st March 1950). The Worcester Station also " stands by " for the Evesham, Malvern and Pershore areas, and the good liaison between the City and County ambulance controls has continued to the mutual benefit of each.

Finally, I am grateful to the members of the St. John Ambulance Association and the British Red Cross Society who have continued to give their time freely to assist the service. They are encouraged to help whenever they wish to do so, and are given every opportunity to go out on ambulances with patients.

Prevention, Care and After Care (Section 28).

Medical Comforts Depots

The Medical Comforts Depots operated in the county by the St. John Ambulance Brigade and the British Red Cross Society were increasingly used in 1950. The two organisations stated that the arrangements worked smoothly but that there was some little difficulty in getting the return of articles which had been lent to patients and which of course made it difficult to keep up the reserve stocks. The voluntary organisations have been informed that if the difficulty continues and they so request consideration will be given to the desirability of increasing the amount of the deposit when articles are issued, leaving the organisations to exercise their discretion in cases where hardship might be involved. The deposit is refunded when the articles are returned. Before the new arrangement came into being a weekly hire charge was imposed but it is hoped that such an arrangement will not need to be reintroduced.

The grant of £250 made by the County Council to each of the two organisations is not intended to cover the cost of the depots but is towards the maintenance and also an extension of the provision, as the depots cannot be expected to provide all types of medical comforts, some of which are very expensive. Such things as wheel chairs, tilting frames and the like, obviously cannot be paid for out of the annual grant. From time to time articles of this kind are supplied direct in special cases at the cost of the County Council. In these instances the nearest depot is asked to take the article on charge so that when its use by a particular patient ceases it may be available for another patient.

Such things as water beds and air beds are not usually available at all the depots but are kept at a central store from which they can be obtained when necessary.

There are 20 depots serving the county, 12 under the control of the St. John Ambulance Brigade and 8 under the British Red Cross Society.

Orthopædic Treatment

Miss O. M. Woods, the County Orthopædic After-Care Sister, and her assistant, Mrs. K. Johnson, who continue to attend clinics held at the Worcester Royal Infirmary and Kidderminster General Hospital, have supplied the following information:—

	No. of Clinic cases	No. of Visits	No. of Non-Clinic cases	No. of Visits
School children ...	159	629	498	839
Infants	112	883	123	295
Adults	9	19	2	8
Total ...	280	1,531	623	1,142

Miss Woods attended at 16 schools to examine all the children for postural defects, etc., and at 64 schools to see a few special cases.

At Malvern, Miss Jenkins, (with Educational gymnastics and Physiotherapy Certificates) held classes fortnightly for postural correction. The children are referred to this clinic by the Assistant School Medical Officers and also by Miss Woods who selects suitable children when visiting the schools in the district. This entails visits to parents to obtain their consent and co-operation. Miss Jenkins is in close touch with Miss Woods and consults her, when required, when alteration to shoes is required or attendances and discharge from the classes are necessary; this is a very satisfactory arrangement and proving well worth the work involved.

The after-care clinic at Evesham continued to be held once a month and was attended by Miss Woods.

A foot and footwear survey of 1,000 school children between the ages of 5 and 15 in the Kidderminster Divisional Area was undertaken by Mrs. K. Johnson.

The survey showed that in 719 children there was some abnormality or defect to report, and that in 236, or just over a quarter of those examined the footwear was found to be defective.

Several reasons were given to account for children wearing badly fitting shoes, to which should be added the custom of keeping a new pair of shoes for " best wear " until they are much too small and with adolescent girls particularly, the awakening consciousness of " fashion " which demands small, elegant, but often unserviceable shoes.

There is some doubt as to what degree of knock knee, and valgus ankle may be regarded as within the normal range of development but it is obvious that until more is known of the ill-effects of these conditions throughout life, minor degrees of knock knee and valgus ankle must be kept under observation, and the more advanced cases treated by exercises and surgical appliances.

An improvement in children's footwear will only come about when:—

(a) Parents understand and realise children's requirements in footwear

(b) Manufacturers produce more varied lengths and widths in children's and young persons' shoes

(c) Salesmen insist on the right size and type of footwear being supplied to children

(d) Children's footwear is of such a price that frequent changes are possible as the children's feet grow.

The county orthopædic scheme was established twenty-five years ago in close conjunction with the Voluntary Orthopædic Hospitals. Prevention of crippling as well as after-care was one of the main objects in view.

The association of the orthopædic nurses on the county staff with the Regional Hospital Board's specialist orthopædic service has continued; this is I believe of advantage to the patient as well as the two other parties concerned.

Nursing of Hop Pickers

Three nurses were appointed by the County Council to visit, during the picking season, the various farms employing imported pickers; there nurses saw 474 cases involving 1,578 visits. In addition to these numbers there were cases which were dealt with by the District Nurses in the hop picking areas as part of their work.

As in former years, the Roman Catholic Mission and the Salvation Army provided nursing and certain social services, towards which grants were made by the County Council.

An effort was made to try to get the growers to provide accommodation for use as surgeries by the District Nurses; this is a facility which should be provided by the growers, as it is their primary responsibility in view of the importation of pickers on their respective farms.

Convalescent Treatment (Section 28).

There was no change during the year in the Council's arrangements, under Section 28 of the National Health Service Act, 1946, for dealing with " recuperative " convalescent cases.

The number of cases in which financial responsibility for maintenance and travelling expenses was accepted was 148 (as compared with 75 in 1949); in addition travelling expenses only were paid in five instances—the cost of maintenance being met from other sources.

Details of the cases are as follows:—

Men	50
Women	90
Children	3
Infants	5
	148

Cases referred by:—

Hospitals	96
General Practitioners	51
Tuberculosis Officer	1
	148

Hospitals referring cases:—

Worcester Royal Infirmary	33
Kidderminster and District General ...	31
Queen Elizabeth, Birmingham	11
Birmingham & Midland Hospital for Women	4
Selly Oak	4
Birmingham General	4
Birmingham Accident	3
Midland Nerve	1
Birmingham Maternity	1
Children's Hospital, Birmingham	1
Radcliffe Infirmary	1
Dudley Road, Birmingham	1
Bromsgrove Cottage	1
	96

Areas in which cases referred by General Practitioners arose:—

Oldbury	22
Halesowen	9
Malvern	9
Stourbridge	4
Stourport-on-Severn	3
Kidderminster	1
Pershore	1
Bromsgrove	1
Upton-on-Severn	1
	51

Cases admitted to a Convalescent Home for the second time under the Scheme	6

Convalescent Homes to which cases were sent:—

St. Luke's, Exmouth	36
Victoria, Clevedon	25
Belmont, Clevedon	21
Gable House, Droitwich	20
Merchant Taylors, Bognor Regis... ...	7
Rest Haven, Exmouth	5
St. Raphael's, Torquay	5
St. Luke's, Torquay	5
St. Joseph's, Bournemouth	4
Lady Forrester, Llandudno	3
Home for Invalid Children, Hove	3
Small Lane Farm, Earlswood Lakes, Warks.	2
Highcliff Castle, Bournemouth	2
Oakwood, West Malvern	1
Epiphany, St. Agnes, Cornwall	1
Kewstoke, Weston-super-Mare	1
Llandudno Home for Women	1
The Rest (Sea Side) Porthcawl	1
Rest Break House, Weston-super-Mare ...	1
Kingsleigh, Seaford, Sussex	1
Guest House, Boscombe	1
Church Army Home, Clevedon	1
Broomhayes Nursery, Northam, Devon ...	1
	148

Stay of Cases:—

1 week or under	5
2 weeks	89
3 ,, ...	29
4 ,, ...	22
6 ,, ...	2
Over 6 weeks	1
	148

An escort's travelling expenses were paid in one case.

Admission rate:—

January	5
February	11
March	9
April	18
May	14
June	18
July	13
August	14
September	20
October	15
November	9
December	2
	148

	£ s. d.	£ s. d.
Maintenance	1,112 5 6	
Travelling expenses:— £ s. d.		
148 cases ... 205 9 6		
5 cases ... 6 2 2		
	211 11 8	
		1,323 17 2
Less contribution according to scale from 63 patients... ...		165 18 0
		£1,157 19 2

Of the patients staying for one week or less, 2 took their own discharge after one night, 1 after two days, 1 after five days and 1 at the end of a week.

Difficulty was experienced in collecting the patient's contribution in only one case.

The one case where a stay of more than 6 weeks was authorised was that of an infant who, as a result of injuries he received from a passing train, had to have a leg amputated. The case was dealt with originally by the Regional Hospital Board, but their responsibility ceased when they had provided the child with an artificial limb. Because of unsatisfactory home conditions and the special care the child required, responsibility for his continued stay at a Nursery was accepted for a period of six months.

Domestic Help (Section 29)

The home help service continues to make steady, if somewhat slow, progress, under the able and inspiring leadership of Mrs. Moore Ede, the County Organiser of the Women's Voluntary Service.

In 1950 three new centres were started, in Oldbury in March, Droitwich in April and Pershore in May.

Some twenty years ago the Women's Institutes throughout the county used to collect and sell silver paper, the proceeds being used for assisting in the paying of a few home helps made available in maternity cases. At that time confinements took place in the patients' homes, in all but a few exceptional circumstances.

From this small beginning, a changed picture has arisen. The need of an organised national service became apparent in the war years; the care of the aged, the problem family, the bed-bound tubercular case, the sudden illness or accident of the housewife, are instances of the variety of reasons for the calls likely to be made today on this young service, now an adoptive provision under the National Health Service Act. As I have already stated, the sister service of district nursing, along with domestic help service, will, in my view, call for an urgent and necessary expansion as an alternative to a vast and impracticable extension of the hospital or other institutional provision.

A very successful home help rally was held in Worcester in September when I had the opportunity of meeting some of the county workers. I was impressed with the excellent standard of recruitment, and their aim to make the calling a recognised vocation rather than a stereotyped domestic job. A training course for home helps has been arranged to take place in Worcester, early next year. It is hoped to extend these courses to other parts of the county.

The allowances in connection with the scale of recovery charges from the householder, were revised during the year, as follows:—

Husband and wife—allowance 40/- (old scale 30/-)
One adult—allowance 24/- (old scale 18/-)

The County Council are greatly indebted to members of the Women's Voluntary Service, who so efficiently undertake this most important work on their behalf. It is gratifying to note the keenness and sense of service of the home helps who are being recruited to the county scheme.

Details of work and staffing of the various centres during the year are given below:—

	Cases assisted			Average number of Home Helps employed	
	General	Maternity	Tubercular	Full-time	Part-time
Bewdley ...	9	4	0	1	2
Bromsgrove ...	21	50	0	5	2
Droitwich (April 1950) ...	1	4	0	0	3
Evesham ...	53	18	1	4	5
Halesowen ...	52	26	3	1	10
Kidderminster ...	38	29	2	5	7
Malvern ...	90	31	1	4	7
Oldbury (March 1950) ...	40	30	0	0	6
Pershore (May 1950) ...	7	4	1	0	2
Redditch ...	35	21	0	4	0
Stourbridge ...	93	42	3	10	5
Stourport ...	27	11	1	1	2
West Heath ...	0	7	0	0	1

Dr. E. V. Connolly (Oldbury) comments:—

"The W.V.S. were responsible for the only administrative change of importance during the year in taking over the home help service and have been very successful in it's implementation. It is a pity that the medical practitioners of the Borough make so little use of the services provided, as one would expect the largest number of requests to come from them; unfortunately the opposite prevails at present."

Mental Health (Section 51)

Mental Health Sub-Committee

It is proposed in the coming year to invite—with the consent of the Regional Hospital Board—the Medical Superintendents of two mental hospitals and the mental deficiency colony in the county to attend meetings of the Sub-Committee in an advisory capacity.

Staff (Medical)

The staffing position is unchanged. The day to day work has continued to be carried out satisfactorily under my general direction with the help of the Consultant Specialists of the Regional Hospital Board. The possibility of obtaining a whole-time psychiatrist to administer the service is remote, but if the service is to progress and therefore to include the wider aspects of this field in prevention and after-care, such an appointment is really necessary.

The Assistant County Medical Officers continue to undertake the ascertainment of mental defectives. The help of Dr. Patterson (Lea Colony) one of the Regional Hospital Board's specialists is not infrequently called for. This assistance is of particular importance before the cases are reported to the local health authority under the provisions of the Education Act, 1944, and also in the instance of very young or handicapped children when a diagnosis often presents difficulty.

Staff (Lay)

On the administrative side, the Mental Health Administrative Officer has available seven duly authorised officers and carries out the day to day administration of the service under my general directions. The administrative county is divided into five areas with offices at Halesowen, Kidderminster, Redditch, Evesham and Worcester from which the Duly Authorised Officers carry out their duties, including all removals under the Lunacy and Mental Treatment Acts. They also undertake after-care where needed, visit all male mental defectives over the age of 7 years and all patients under guardianship and on leave of absence on licence from institutions. The duties of these officers are combined with general welfare work in their respective areas. Female mental defectives and males under the age of 7 years continue to be visited by the Health Visitors.

One psychiatric social worker and one social worker are also engaged in the mental health field. The psychiatric social worker is at present engaged practically whole-time with child guidance under the child guidance Medical Director, and attends at clinics and carries out home visits. The social worker's duties are divided between child guidance and mental health. On the mental health side she is based on Powick Mental Hospital as it was considered this would give her the opportunity of some practical experience in mental health work as distinct from general social work. She attends out-patient clinics and visits homes under the supervision of the Medical Superintendent.

Efforts have been made to obtain the services of a second psychiatric social worker, so far without success.

Co-ordination with Regional Hospital Boards and Hospital Management Committees

Reference has already been made to the assistance given by the Birmingham Regional Hospital Board in the form of specialist advice. The specialists concerned are the Medical Superintendents of the two mental hospitals and the Medical Superintendent of the Mental Deficiency Colony in the county. Their assistance was given freely and the Council's thanks are due to them for their co-operation.

Control over all vacancies in institutions for mental defectives has now been established in the Birmingham Regional Hospital Board. This arrangement works well particularly when prompt

vacancies are needed for defectives charged with sundry offences who appear before Courts. If tentative arrangements for the defective to be " placed " can be made prior to appearing before the Court, it is then possible, and of advantage, to make Orders under Section 8 of the Mental Deficiency Act.

The number of patients in the county on licence from institutions increased to 17 and co-operation was given to various Hospital Management Committees of institutions by visiting these cases on their behalf and rendering progress reports at quarterly intervals or more often if the need arose. These patients on licence were chiefly in residential situations as domestics (female) and as agricultural workers (male).

No duties were delegated to voluntary societies in the county but use was made of the Guardianship Society, Brighton, for the supervision of two cases under guardianship at Eastbourne for which payment was made at an agreed rate.

Community Work

As previously mentioned, visitation of mental defectives is carried out by the duly authorised officers and the health visitors, each in a defined field.

The fact that the duly authorised officer is also the welfare officer for the same area simplifies rather than complicates matters in that he is so often able to give advice and render assistance outside the normal scope of his duties as a duly authorised officer. This is a policy of particular value in rural areas; another advantage is that the number of different visitors to any one household is reduced.

After-care in connection with mental ill-health was performed to a limited extent by the duly authorised officers; this work in my view should be undertaken with the knowledge and guidance of the Medical Superintendent and his professional staff.

Lunacy and Mental Treatment Acts, 1890-1930

There were 341 admissions to mental hospitals within the county during the year. Of this number 188 were certified under the Lunacy Act and 153 were admitted as voluntary patients under the Mental Treatment Act. No patients were admitted during this period as temporary patients under Section 5 of the Mental Treatment Act and it seems that this mode of admission is falling into disuse. This seems to be a direct result of the changed procedure for discharge which can now be obtained on application by the appropriate relative to the medical superintendent of a mental hospital. Discharge upon such an application cannot be refused unless a certificate is given by the medical superintendent of the hospital that the patient is dangerous and unfit to be at large; " certification " therefore has not necessarily the serious consequences it had before the changed procedure was introduced, but on clinical grounds the innovation is of very doubtful benefit to either the patient or the hospital.

Discharges numbered 220, while 62 deaths occurred at the hospitals.

Both the admission and discharge rates seem to have become almost stabilised and show only slight increases over the previous year.

Mental Deficency Acts, 1913-38

Ascertainment

59 new cases were reported during the year of whom 51 were subject to be dealt with. Of the latter, 35 were reported under the provisions of the Education Act, 1944, and the remaining 16 from other sources. The total number reported shows a decrease of 22 on the previous year's figures.

Of the newly ascertained cases, 16 were admitted to institutions under Order, 1 was admitted to a place of safety pending the obtaining of an Order, 33 cases were placed under statutory supervision and 1 case died; 54 previously ascertained cases were admitted to institutions and 2 others admitted to "places of safety," making a total for the year of 70 admissions to institutions and 3 into "places of safety." 5 of the admissions resulted from Court proceedings, 3 as a result of Orders made by the Secretary of State, while the remaining 62 were by petition to judicial authorities.

At the end of the year 386 Worcestershire patients were inmates of 29 institutions throughout the country.

As a result of the comparatively large number of admissions the number of patients on the waiting list for admission is somewhat reduced and totalled 32 at the end of the year. The increased admission rate was due chiefly to the opening of additional wards at Lea Colony, Bromsgrove; the fact that this colony is now complete and fully occupied means that in future vacancies will be few and far between.

Guardianship and Supervision

The number of patients under guardianship at the end of the year was 9, a decrease of 1 on the previous year. This case was discharged from the Order by the Visiting Justices when reconsidering the case on the defective attaining the age of 21 years. 5 of the 9 cases were resident outside the county and were supervised by the appropriate authorities on behalf of the County Council. One out-county case was resident in the county. All resident patients were visited by both medical and lay staff as required by statute or more often if the need arose.

The number of patients under supervision on the 31st December, 1950, was 528, 302 under statutory supervision and 226 under voluntary supervision. Although 33 new cases were placed under statutory supervision the total number of cases under supervision as compared with the previous year decreased by 23 as a result of 54 cases under supervision being admitted to institutions and 2 cases into "places of safety."

Training

The hope expressed in last year's report that an occupation centre would be in operation during the course of this year has unfortunately not been realised. Great difficulty was experienced in obtaining suitable premises and even though one was eventually found, negotiations for its use proved to be protracted. Negotiations were eventually concluded and steps were taken to adapt the premises to make it suitable for use. At the time of writing adaptation is nearing completion and the centre should be ready for occupation by the latter part of 1951. Staff has already been engaged and very little delay will occur once the contractors leave the premises. This centre is situated at St. Ambrose Mission Hall, Gorsty Hill, Halesowen, and will cater principally for the Halesowen, Blackheath and Oldbury areas, with their heavy concentration of population. Patients from the Stourbridge area will also attend this centre.

16 patients who now attend Dudley and Kingswinford Centres will be transferred to the new centre when it is opened, together with other suitable patients from the areas concerned. The new centre will accommodate 30-35 patients in all.

It is hoped in due course to establish further centres in other parts of the county where the need exists.

Child Guidance Service

Dr. J. J. Graham, the Consultant Psychiatrist appointed by the Regional Hospital Board has supplied the following:—

> "The year 1950 has seen the Clinics working to capacity. The team was completed in September by the appointment to the County Education Staff of Miss S. M. Crane, M.A., Ph.D., as Educational Psychologist. We hope we shall be successful in the coming year in securing a second Psychiatric Social Worker; this should help in coping with our growing waiting list—a seemingly unavoidable concomitant of all established Child Guidance Services. The premises we have so far occupied in Worcester (which serves the City and southern part of the County) have not been very satisfactory; but at the time of writing (September 1951) we are about to move into newly decorated and altered, and we think, much more satisfactory, premises made available to us by the City School Medical Authorities."

Social Services (Welfare Section)

The decision of the County Council in 1948 to incorporate their duties under the National Assistance Act within the framework of the County Health Service has proved an interesting step; it has further resulted in a satisfactory and efficient organisation. In this connection, I wish to place on record the excellent work performed by Mr. McDonald and his staff. The day to day administration of the welfare service is undertaken by Mr. R. A. McDonald, whose detailed report on this service is included as an appendix. The new service which includes the welfare of the handicapped (blind, deaf,

crippled, etc.) and an altered method of approach to the increasing problems of the aged, shows an incomplete picture, unless it is fully recognised that the Welfare Section is still responsible as the residual authority to meet the needs of the old problem types familiar to the poor law and public assistance authorities in the past. This combination of activities calls for keenness and enthusiasm on the one hand and at the same time an acute sense of proportion and stability, which will allow of steady and controlled development over a period of years. The first essential is to classify the accommodation available for the varying types of case to be admitted; this requirement includes classification of units within the larger institutions, as well as between institutions. It is far easier to select cases (which is done centrally) as suitable for admission to Malvernbury Old Peoples Home than to similarly deal with the older and larger existing homes.

The opening of new premises provides an obvious example of progress. On the other hand, a new classification at, say, Laburnum House, Upton-on-Severn, with the resultant breaking up of the large into smaller units, is equally important, far more difficult to achieve and not always recognised as an important improvement depending upon the time, effort and thought displayed by the staff rather than large additions in bricks and mortar.

I am very well satisfied with the progress that has been made by the County Welfare Officer (Mr. McDonald) and his staff since the appointed day.

The welfare of the aged (or " elderly " as some consider the group is more appropriately described) relates to an increasing proportion of the total population, a circumstance which calls for careful consideration.

At the beginning of this century there was an average of one person in 18 coming within pensionable age; today the proportion is 1 in $5\frac{1}{2}$. There appears to be little doubt that this proportion will further increase within the next 20 years.

Unless this problem is wisely managed, an increasingly heavy burden will fall on a diminishing number of wage earners. The care and education of the young is essential for the nation's future whilst the care of the aged is a debt of honour accepted by a civilised community; there should be no return to the bad old days (such as in the year 1885) when half of those dying over 70 years of age were paupers. The very small proportion (estimated at 2% of the total group of aged or elderly) who are accommodated in hospitals for long term sickness or institutions for those needing care and attention must be appreciated. Although more accommodation of both types is and will be required to meet an expanding need, a treble or quadruple bed increase does not provide an appropriate or even possible answer. The only possible solution will be improved and increased services, made available through the general practitioner, in the homes of the people; these include district nursing, home helps and medical comforts. Pensionable age is an artificial definition. It is physiology and pathology rather

than a birthday anniversary which constitute a true indication of old age; fortunately it can be assumed at least 4 out of 5 of the pensionable age group neither require nor want any assistance.

Mr. McDonald's report discloses, as one would expect, an increase in the applications received for residential accommodation. The number rose from 424 in 1949 to 543 plus a waiting list of 52 in 1950; what is of particular interest however is that last year, 145 applications (more than a quarter of the total) were dealt with by other means than admission to institutional accommodation.

The average citizen wishes to remain near his own relatives and friends, in his own house; it should be the aim of every authority to assist to the maximum in achieving this object by:—

(a) Domiciliary services previously mentioned.

(b) Suitable housing provision (where accident risk is reduced to a minimum).

(c) The variety of services, including recreational activities, provided through voluntary organisations.

(d) By persuasion to encourage the entity of the family unit which in the past, not without hardship and stresses, played such a large part in circumstances of illness and old age. Temporary relief, by short period admissions, has already been attempted in this county.

The residue, who from force of circumstances, cannot receive care, attention and treatment required will I believe more than fully occupy the possible accommodation which can be staffed and made available by the state and the local authority.

Appended is the report of the County Welfare Officer, Mr. R. A. McDonald, for 1950, on the welfare services provided by the County Council under the National Assistance Act, 1948.

Paragraphs relating to the services mentioned in his report can be found in the main portion of my reports for 1948 and 1949.

Housing

Although the County Council is not a housing authority they have certain responsibilities, more particularly relating to rural districts, under the Housing Act, 1936.

In my Report for 1949 the view was advanced that deficiencies in the housing of the people provided the most urgent public health problem existing; the position is the same today.

It is my duty to advise the County Council on any question affecting the health of the County; it may seem purposeless to advise the Authority that the health and happiness of many hundreds of family units are prejudiced by lack of proper homes as these are facts well known to every member of the Council. The circumstance that authorities are only allowed to undertake limited new housing activities is very disappointing, but the generally increasing deterioration of the older houses is serious in that it must adversely affect the future well being of our people.

In the post war survey of housing conditions undertaken in the Rural Districts, approximately 1,000 houses in this County were reported as suitable for reconditioning. The Housing Act of 1949 included provision for the granting of subsidies for the reconditioning of houses, this provision being intended to replace the no longer operative Housing (Rural Workers) Acts. Whatever the reason may be, it does not appear that the use of the new provision so far provides much hope of achieving the object desired.

It will be seen that only 36 applications were received in the year 1950 by all the Rural District Councils in the County; the details are given in a table which follows. Only six applications have so far been approved.

The Housing (Rural Workers) Acts were operated by the County Council with, I think, some measure of success. With this in mind, the views of the District Councils were sought as to whether they considered the " Improvement Grants " Sections of the 1949 Act could best be operated by the Districts or the County Council. The general opinion of the Districts was that in view of changed conditions it was preferable for these duties to be retained by County District Councils. The County Health Committee did not dissent from this view so that each District Council is responsible for operating the " Improvement Grants " sections in its own area.

The views from an industrial worker in the north of the county who gave me advice, which is by no means easy to take, may be of interest; he told me the average worker wanted two things: —

(1) a home with a roof over the heads of his family, and

(2) food in the bellies of his family.

He also said that until these two main needs have been met I ought not to press for new hospitals or other new buildings. Although the views were expressed crudely, the opinion was honest, experienced and made after due thought. Today, it is common to deplore the weakening of the family unit but can there be any doubt that unless these elemental wants are met, the aim of a happy, healthy family unit is a dream rather than a reality.

The urgency of this important problem is my only excuse for inflicting my views on the readers of this report.

The inability of the owners of small cottage properties to keep them in repair, owing to the high cost of repair work, and the "pegging" of rents, calls for some urgent action. I refer to the repairable or improvable house and not to the condemned unfit house which continues to be occupied.

It is with some diffidence that I mention the caravan dwellers as I am only too familiar with the problems created in the past so long as families are forced by circumstances beyond their control to live, sleep, cook and obtain recreation in a single overcrowded room, a constructive rather than destructive policy for caravan sites is called for. The provision and control of selected camping sites with sanitary services (water, scavenging etc.) should be available when the caravan owner is very properly required to remove from an unsuitable site. Similarly others should be able to be told where they can, as well as where they cannot, establish caravan homes.

RURAL HOUSING.

HOUSING ACT, 1949. IMPROVEMENT GRANTS.

Rural District	Applications dealt with by R.D.C.'s.				Applications submitted to Regional Office of Ministry of Health				Remarks
	No. received	No. approved	No. rejected	No. under consideration	No. sent	No. approved	No. rejected	No. under consideration	
Bromsgrove	2	2	...	.....	2	...	1	1	
Droitwich	4	.....	.....	2	...	.....	.....	.....	Two applications withdrawn by applicants
Evesham	5	5	.....	...	5	...	...	5	
Kidderminster	6	2	.....	3	6	2	.....	3	One application withdrawn by applicants
Martley	1	.....	1	.....	.....	...	...	.....	
Pershore	6	2	.....	4	2	1	...	1	
Tenbury	3	2	1	.....	2	...	2	.....	
Upton-on-Severn	9	9	.....	.....	9	3	2	3	One application withdrawn by applicants
Totals	36	22	2	9	26	6	5	13	.....

The following table shows the number of permanent new houses built in the county from 1st April, 1945.

The rural housing survey drags on. It has been completed in five of the eight rural districts.

Table showing numbers of Permanent Houses built in the County at the end of 1950.
(Figures relate from 1st April, 1945).

Local Authority	Population (Mid 1950)	New Dwellings built by Housing Auth.		Temporary Houses Completed	New Dwellings built by Private Builders	
		No. under Construct.	Completed		No. under Construct.	Completed
BOROUGHS						
Bewdley	4900	2	78	—	2	27
Droitwich	6150	32	210	—	3	39
Evesham	11860	72	204	29	1	57
Halesowen (a)	40280	108	622	86	20	227
Kidderminster	37700	126	526	100	18	43
Oldbury	53820	95	346	50	2	136
Stourbridge	37220	183	818	—	8	184
URBAN						
Bromsgrove (b)	27800	42	472	50	10	101
Malvern	23370	136	452	84	8	118
Redditch	29110	237	838	100	4	255
Stourport-on-Severn ...	10050	42	254	20	4	40
RURAL						
Bromsgrove	27910	102	214	—	15	213
Droitwich	14590	20	132	—	4	67
Evesham	16870	126	274	—	17	115
Kidderminster	11210	34	254	—	4	69
Martley	11670	23	141	—	5	68
Pershore	17160	50	196	30	3	79
Tenbury	5510	—	30	—	—	12
Upton-on-Severn	14630	50	144	12	11	61
Totals	401810	1480	6205	561	139	1911

(a) The figures include 4 houses under construction and 50 completed by Housing Associations.

(b) The figures include 26 houses built by Housing Associations.

RURAL HOUSING SURVEY

Return of Houses Surveyed to 31st December, 1950

Rural District	Population Mid 1950 (R.G's Estimate)	No. of Houses Inspected	Classification of Houses Inspected								Houses included in the preceding four categories which have been noted for action under the Housing (Rural Workers) Acts	Remarks
			(i)		(ii)		(iii)		(iv)			
			No.	%	No.	%	No.	%	No.	%		
Bromsgrove	27910	6805	4480	65.8	1429	21.0	556	8.2	340	5.0	91	Survey completed
Droitwich	14590	3138	1424	45.4	785	25.0	589	18.8	340	10.8	—	Survey completed
Evesham	16870	2589	1675	64.7	278	10.8	565	21.8	71	2.7	—	A few houses still to be surveyed
Kidderminster	11210	1938	357	18.4	873	45.1	466	24.0	242	12.5	89	Survey completed
Martley	11670	2310	279	12.1	882	38.2	686	29.7	463	20.0	195	Survey completed
Pershore	17160	2024	144	7 1	547	27.1	957	47.3	376	18.5	383	Approximately 260 houses to be surveyed during 1951 to complete survey
Tenbury	5510	833	166	—	342	—	185	—	140	—	—	Survey completed
Upton-on-Severn	14630	2013	114	5.7	752	37.3	867	43.1	280	13.9	233	—
Totals and Averages	119550	21650	8639	39.9	5888	27.2	4871	22.5	2252	10.4	991	

Classification.

(i) Satisfactory in all respects.
(ii) Minor Defects.
(iii) Requiring repair, structural alteration and improvement.
(iv) Unfit for habitation and beyond repair at a reasonable cost

Housing Rural Workers Acts

In November 1948 the County Council approved with effect from the 1st July 1949 the recommendation of the Health Committee that the " normal agricultural rent," for houses in respect of which grants had been made and which were still subject to restrictions under the Housing (Rural Workers) Acts, be determined to be 6/- per week to which could be added a percentage of the landlords share of the cost of the works carried out when the grant was made. No determination of the " normal agricultural rent " had previously been made by the County Council.

In my last Report I referred to a survey which was made during the year 1949 for the purpose of revising the rents of dwellings whose owners had applied for the maximum rentals to be increased. There were 63 cases in which either the normal agricultural rent of 6/- per week or a greater one (making allowance for work undertaken at the property concerned) was fixed.

The Council's scheme under the Acts was made in 1927 so that each year now some of the dwellings which were dealt with under the Acts cease to be the subject of the conditions as to rental and tenancy which were imposed for a period of twenty years from the date the grant was made. A good many years will, however, elapse before the whole of the dwellings cease to be subject to restrictions; it is therefore necessary in these cases to continue to obtain annually from the owners a certificate showing that the conditions have been observed, that the properties have been kept in a reasonable condition and that they are insured against fire.

Hop Pickers Accommodation

The year 1950, with a heavy crop of hops, was notable for the worst weather conditions, during the picking period, which have occurred for a great many years. Picking started generally about the first week in September, and due to the wet weather and to the heavy crop extended to the middle of October. Many of the hops had even then to be left unpicked. When the season gets as late as the middle of October the living conditions for the pickers are apt to become extremely uncomfortable; in many cases in 1949 the cold weather and the mud made the quarters quite unsuitable for occupation, particularly by young children, and all concerned were greatly relieved when the last pickers went home.

Mr. Pratt (Sanitary Inspector, Martley Rural District) reports that hop pickers were housed on 42 farms. The total number of " imported " pickers coming into the Martley district, according to the Food Office, was 4,600, of whom 548 were under the age of five years.

The prosecution of parents, for the non-attendance of their children at school, by some of the education authorities in 1949, resulted in a smaller number of school children coming to the hop fields. Those who did come with permission had to return by the

third week in September. The number of pickers in the Martley area had fallen in 1950 by about 1,000 and I think this may be the beginning of a gradual decline.

Three new hop picking machines were installed in the Martley area, where there are now five in all, and it is understood there will be several others working in 1951.

In view of the continued prevalence of poliomyelitis in the areas from which the pickers came, additional precautions were taken on the same lines as the previous year. One child who was unwell returned home from the hop fields and was diagnosed as suffering from poliomyelitis; in spite of weather conditions there was very little illness. The only cases of infectious disease notified in the Martley area were 2 of scarlet fever and 1 of dysentery.

One of the Medical Officers of the Ministry of Health made two visits to the areas, once before occupation and again whilst the quarters were occupied.

Rural Water Supplies and Sewerage Act, 1944

Under this Act a local authority is required to forward to the County Council particulars of schemes in respect of which grant will be claimed and, when they submit their schemes to the Ministry of Health, to report the County Council's observations, if any. It has been suggested that economies in time and manpower would result if in examining schemes the County Council limited themselves to the following principles:—

(1) The broad basis of design as distinct from technical detail;

(2) General sanitary and financial considerations, and

(3) The desirability of co-ordination with adjoining areas.

The County Council have always carefully considered the possibility of linking parts of sewerage schemes and water supply schemes with similar schemes of adjoining authorities.

The County Council have also given much consideration as to the basis on which grants should be made to district councils. Eventually they decided upon the following:—

(a) that no application for grant under the Rural Water Supplies and Sewerage Act, 1944, can be considered until the amount of the grant to be given by the Minister of Health is known;

(b) that no fixed formula is laid down but that each case is considered on its merits and by reference to the principle that the District Council shall be left with a local rate burden not exceeding the average rate level of the rural districts as a whole, the County Council understanding that this practice is consistent with and largely determined by the practice of the Minister of Health.

(c) that the grants made by the County Council will be by way of an annual contribution towards the loan charges incurred. Since the passing of the Act the County Council have made grants in respect of schemes costing £118,325. The amount of the grant contributed by the Minister of Health represents 33 per cent. of the total cost, and the amount contributed by the County Council represents the annual equivalent of 23 per cent.

If the Minister of Health makes a grant to a district council, the County Council are obliged to make a supplementary grant and, if the grant offered by the County Council is unacceptable to the district council, the district council have the right of appeal to the Minister of Health.

The following schemes were submitted to and considered by the County Council in 1950:—

District	Nature of Scheme	Remarks
Evesham Borough	Scheme for construction of new sewage disposal works, estimated to cost £135,500. The figure for the same scheme in 1944 was £79,785.	Under consideration.
Droitwich Rural and Redditch Urban	Joint water supply scheme for Littleworth, Berrow Hill and district, estimated to cost £10,403	Minister not prepared to make a grant "as the cost could easily be met from local resources."
Droitwich Rural	Scheme submitted for supplying piped water to St. Martin County, Warndon, Tibberton, Crowle, Oddingley, Huddington, and Himbleton, estimated to cost £56,000	Under consideration.
	Amended scheme of sewerage and sewage disposal for Crowle, estimated to cost £22,550.	Awaiting Ministerial Inquiry.
Kidderminster Rural	Amended scheme of sewerage and sewage disposal for Chaddesley Corbett, Harvington and Shenstone, estimated to cost £56,000.	Awaiting Ministerial Inquiry.
	Water supply schemes for Organs Hill, Hay Oak and Porch Brook (£5,118).	Schemes carried out.
Martley Rural	Amended scheme of sewerage and sewage disposal (Jury Lane, Martley), cost £1,955.	Approved.
	Comprehensive water supply scheme for whole of rural district estimated to cost £258,000.	Awaiting Ministerial Inquiry.
	Sewage disposal scheme for Clifton-on-Teme estimated to cost £7,495.	Awaiting Ministerial Inquiry.

District	Nature of Scheme	Remarks
Pershore Rural	Scheme for sewerage and sewage disposal Norton-juxta-Kempsey estimated to cost £4,114.	Approved.
	Water supply, Parish of Stoulton, estimated to cost £1,790.	Approved and completed.
	Amended scheme of sewerage and sewage disposal for Broughton Hackett, estimated to cost £2,360.	Approved.
	Scheme of sewerage and sewage disposal for Wadborough, estimated to cost £2,200.	Under consideration.
Upton-on-Severn	Sewerage scheme for Parish of Newland, estimated to cost £5,800.	Awaiting Ministerial Inquiry.
	Water supply scheme to Rhydd, estimated to cost £5,380.	Approved.
	Water supply scheme for northern parishes estimated to cost £108,600.	Awaiting Ministerial Inquiry.
	Sewerage and sewage disposal scheme for the village of Longdon, estimated to cost £7,850.	Awaiting Ministerial Inquiry.

During the year Ministry of Health inquiries were held into sewerage schemes for Hartlebury, Wolverley, Norton, Broughton Hackett and Lower Broadheath.

WATER SUPPLIES IN RURAL DISTRICTS OF WORCESTERSHIRE

Rural District	Houses Supplied by Mains				From Wells, Springs, etc.	
	Direct to Houses		Stand pipe supplies			
	No. of houses	Population	No. of houses	Population	No. of houses	Population
Bromsgrove	6,899	24,149	8	28	1,222	4,262
Droitwich	798	.....	.....	....	2,254	.....
Evesham	3,923	13,555	35	125	791	2,380
Kidderminster	1,985	6,962	499	1,746	694	2,429
Martley	193	726	20	66	3,407	10,937
Pershore	2,263	7,958		.....	2,214	7,522
Tenbury	408	1,640	..	.....	1,229	4,391
Upton-on-Severn	663	2,299	20	65	2-870	11,983

General

In pre-war days it was my custom to include some reference to necessary or desirable improvements in the environmental services in the various areas of the county.

I have thought it of interest to mention in the following list what are considered by the local Health Officers to be matters which would result in improvement in the several areas, and which could with general public health advantage be carried out as soon as circumstances permit.

Bewdley Borough

Well organised and clean camping site. It is submitted that existing law on the subject is much too complicated and difficult to administer.

Bromsgrove Urban

Further provision of sewers in the northern part of the district and at Bournheath and Blackwell. Resumption of slum clearance, particularly in the town.

Droitwich Borough

The derelict canal, which is in a very foul condition, requires attention. This matter is under consideration.

Evesham Borough

Extensive re-housing. Approximately 60 houses condemned before 1939 are still in occupation.

New sewage disposal works.

Halesowen Borough

Provision of a sewerage system for Illey village. Removal of unfit houses incapable of repair at a reasonable expense.

Reduction in atmospheric pollution.

Kidderminster Borough

New public health cleansing depot.

Less atmospheric pollution.

Less pollution of River Stour.

Provision of mains water and sewer to Hurcott village.

Demolition of many insanitary houses.

General improvement in preparation and handling of food.

Oldbury Borough

The provision of a sufficient number of new houses in which to rehouse overcrowded families and to replace unfit houses.

Mitigation of atmospheric pollution.

Redditch Urban

A mains water supply for the Berrow Hill and Bradley Green Area. The Council have entered into an agreement for this extension.

Stourbridge Borough

The remedying of bad housing conditions and overcrowding.

Stourport-on-Severn Urban

No comments.

Bromsgrove Rural

Provision of piped water supplies to Madeley, Wildmoor, Snuff Hill and Croppings Green in Belbroughton Parish, in Dodford, and Beoley, Stoke Prior and Clent parishes.

Provision of sewers and sewage disposal at Belbroughton, Fairfield and Wildmoor, Barkers Lane (parish of Wythall) Hopwood and Rowney Green (parish of Alvechurch) Chapmans Hill area, Romsley, and Beoley.

Evesham Rural

No comments.

Kidderminster Rural

Sewerage schemes for Wolverley, Cookley and Chaddesley Corbett.

Water schemes for Drayton, Hillpool, Shenstone, Kingsford, Clows Top and Broom village.

Martley Rural

Piped water supplies to many parts of the District to enable Council to erect more houses and to meet demand for agricultural and private premises.

Sewage disposal works at Clifton-on-Teme. Sewerage schemes at Sinton Green and Lower Broadheath and further extensions at North Hallow.

Extension of area of two-weekly collection of house refuse.

Improvement in the housing situation generally.

Pershore Rural

Main water supply to parishes in the north.

Prevention of river pollution with crude sewage at Pershore and Eckington, by the provision of suitable sewage disposal works.

Tenbury Rural

New sewerage system and sewage disposal works for the township of Tenbury; also the conversion of a large number of pail closets to water closets.

Some improvements to the water distribution mains in Tenbury.

Upton-on-Severn Rural

A survey of the water resources of the district showed that many deep water supplies contain large quantities of mineral matter which render them useless for domestic purposes. There is a belt of hard saline underground water stretching across the district from Kempsey, through Ripple, to Bushley. Similar water has been found between Powick and Callow End. A hard water, arising from a calcareous sandstone, is also found in the Pendock district.

Rivers Pollution

The River Severn Constitution Order, setting up the new Severn River Board, came into force on the 1st April, 1950. The Board took over not only the rivers pollution functions of the County Council but also the drainage functions of the Severn Catchment Board and the functions of the Severn Fishery Board.

The area affected is the whole of Worcestershire except for a small part of Broadway (which is in the area of the Thames Conservancy Board who already exercise river pollution functions), and Oldbury and parts of Halesowen Borough and of Bromsgrove Urban and Rural Districts, which are in the River Trent Catchment area.

Particulars of all cases of river pollution under consideration at the date of transfer were handed to the Board together with the files of correspondence and an offer of assistance or further information if required.

The County Sanitary Officer will continue to visit sewage disposal works in the county. This contact will be useful in connection with proposed new schemes submitted under the Rural Water Supplies and Sewerage Act. It will also provide a means of obtaining first-hand information on the general working of the disposal arrangements and the avoidance of nuisances which can easily arise.

Milk

The new and extensive legislation which became operative from 1st October 1949, has resulted in changes in the administration affecting the production, distribution and heat treatment of milk.

The principal changes were outlined in my report for 1949.

There has been a period of 15 months only since the altered arrangements became operative. The object of the changed procedure was to achieve an improved and uniform type of administration with avoidance of overlapping between the different types of authorities. There is, however, some evidence for suggesting that overlap has been avoided at the expense of underlapping, in this area. There have been complaints that supervision of non-designated producers is inadequate in that many farms are never visited and the milk from non-designated farms is not controlled by sampling unless it happens that a trade laboratory exists at the purchasing dairy. It is too early to expect, under the present difficult conditions, results depending on structural improvements, even though these may be urgently needed.

The Milk and Dairies Regulations provide for the setting up, by the Ministry of Agriculture and Fisheries, of central and county milk and dairies advisory committees, whose functions would be to keep under review the operation and administration of the Milk and Dairies Regulations; these Committees have not yet been established.

The Associations of County Medical Officers and County Sanitary Officers arranged a most instructive and useful refresher course on the Administration of the Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 1949. This three days' course was attended by Dr. Pickup and Mr. Owen. Not only was much useful practical information obtained, but an opportunity was made available to try to achieve some uniformity in the standard requirements for different areas.

The Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 1949

Under these regulations the County Council have issued 12 pasteurisers' licences and one steriliser's licence. Two applications are pending. One applicant for a steriliser's licence ceased to produce this grade of milk before the application was finally considered by the Committee.

Four of the pasteurising plants are of the high temperature short time design while the remainder are of the holder type.

During the year the plants have worked satisfactorily. They are under constant supervision and, on average, fortnightly samples are taken at the dairies in addition to samples taken at the point of delivery. In addition samples are taken by authorities in whose area the milk is distributed.

At several of the plants the temperature control apparatus at different times has been out of order: it would be of considerable advantage if the trade organisation held reserves which could be available to its members at short notice. Under present conditions, it often takes considerable time to repair the scientific instruments upon which the efficiency of the plant depends.

At one dairy, the owner has designed and installed a machine to wash and partially sterilise the bottle crates. In time, these crates become very dirty and foul because of spilling of milk. The crate-washing machine consists of a metal tunnel through which the crates are propelled and in which sprays of hot water containing a detergent are directed at the most advantageous angles. The results are exceedingly satisfactory and I should like to see more dairymen installing what is a very cheap and efficient process but nevertheless a very necessary one.

Pasteurised and Sterilised Milk

The following table shows the number of samples of pasteurised and sterilised milk from all sources in the county (excluding Worcester City and private samples) examined during 1950:—

		Total No. of Samples	Satisfactory Phos.	Satisfactory M.B.	Unsatisfactory Phos.	Unsatisfactory M.B.
Pasteurised	...	626	622	*454	4	—
			Satisfactory Turbidity Test		Unsatisfactory Turbidity Test	
Sterilised	...	79	77		2	

* In no fewer than 172 of the samples the methylene blue test had to be declared void as the atmospheric shade temperature at the time the samples were taken exceeded 65° F.

For pasteurised milk the tests prescribed are, a phosphatase test for adequate heat treatment, and a methylene blue test for keeping quality.

Sterilised milk is milk which has been heated to, and maintained at, a temperature not less than boiling point for such time as to ensure that it will pass a test known as the turbidity test, an easy means of testing whether or not the milk has been effectively heated. Turbidity has nothing to do with the muddy or thick appearance of the milk such as one dairyman thought when, before sampling, he had been observed, with an anxious expression, vigorously shaking the bottle.

I understand that the demand for, and sale of sterilised milk, are steadily going up, in preference to pasteurised milk; although keeping quality is thus assured and the economy of less frequent delivery is made possible, this grade of overheated milk, whilst being a safe milk, has not the same food value as properly pasteurised milk and for this reason cannot be generally recommended.

Under the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, the Minister of Food is empowered to make Orders specifying areas in which the sale of milk by retail can only be of designated milk, viz., pasteurised, sterilised, tuberculin tested and accredited milk (milk to be derived from a single herd). The restrictions would also apply to the sale of milk to hotels catering establishments, institutions, schools, etc. No area in this county has yet been specified but it is probable that the Boroughs of Halesowen, Oldbury and Stourbridge will be dealt with at an early date.

Plans for the provision of entirely new dairy premises have been received from two dairy firms, the Public Health Sub-Committee in both instances supporting the proposals. The present legislative programme requires that in due course designated heat treated milk is to be bottled at the premises where heat treatment is undertaken. This requirement will mean either the enlargement of existing registered premises or alternatively the licencing of a number of new smaller pasteurising firms. I have little doubt that the former will provide the most suitable method of meeting this circumstance, but the known difficulty of providing either new or enlarged buildings or the necessary equipment indicate that the period of time for preparation (approximately $2\frac{1}{2}$ years) will require early decision and action if the above-mentioned requirement is to operate from the proposed date.

Biological Samples

During the year 1950 it was only possible for 93 samples of raw milk to be examined by biological test, this being the maximum number the laboratory could accept. Of these, 71 were from producers of undesignated milk. One undesignated sample gave positive results. The herd involved was investigated by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries and one cow was dealt with under the Tuberculosis Order, 1938. Samples of milk from the remainder of the herd were certified as non-tuberculous.

It is hoped that when the new guinea pig accommodation, which is being provided locally by the Ministry of Health, is available, increased biological sampling of milk may be possible. This is very necessary where the producer sells his milk raw (often from undesignated herds) direct to the public.

Milk in Schools Scheme

The scheme has been maintained throughout the county: fortunately the difficulties of the increased delivery costs in rural areas have been largely overcome. Occasionally complaints are received of late delivery but these are remedied by the co-operation of the dairyman, which is much appreciated.

Three schools only are at present without a supply.

The following table shows the grade of milk supplied to schools under the scheme:—

Grade	No. of schools supplied
Pasteurised	305
Tuberculin Tested	17
Accredited	Nil
Undesignated	Nil

These figures are satisfactory because it is by no means easy to get supplies of pasteurised milk to the rural schools. All but three schools receive the milk in one-third pint bottles.

All school supplies are periodically sampled at the schools. Twenty-two samples were submitted to the biological test for the presence of the tubercle organisms: all gave negative results.

The above figures showing the grade of milk supplied to schools do not include the independent schools where the formal approval of the Medical Officer of Health is not required. It rests with these schools to satisfy themselves that the source and quality of the milk are suitable but such schools are strongly recommended to consult the Medical Officer of Health, especially if the supply is not heat treated or tuberculin tested.

Undulant Fever

Milk infected with the organisms of brucella abortus may give rise to a febrile disease in man, the symptoms varying considerably and also the duration of the illness, which may extend to three or four months or even years.

Undulant fever is not at present a notifiable disease and there is no reliable information as to its incidence, but it is believed that there are at least 400 to 500 cases each year in this country.

The condition of the cow is now regarded as a disease scheduled in the Food and Drugs Act, 1950, which provides for the prohibition of the sale of infected milk.

One county has found that about 10 per cent. of mixed milk samples have been found positive of brucella abortus. It is a characteristic of the condition in the cow that excretion of the organism may be intermittent; a cow may produce infected milk one day and apparently wholesome milk the next and this intermittent excretion may occur throughout the whole life of the cow.

During the year one outbreak occurred where the milk supply of a dairyman (not a milk producer) was the subject of an order, made by a County Borough, requiring pasteurisation; there were cases of undulant fever amongst his milk round customers. The infected milk was traced to a farm in Worcestershire licensed for the production of tuberculin tested milk. Fortunately it was possible to arrange for the infected cows to be transferred to another herd based on a second farm belonging to the same owner; the milk from the second farm was already being pasteurised. No cases of illness on the milk round were subsequently reported.

There is need for some central direction as to action that should normally be taken in connection with the control of this milk-borne disease. The circumstances above provided a simple solution but would seldom be possible. The notice was in this case served on the dairyman and not the producer; no compensation was paid in these circumstances.

Quality of Milk

The importance of milk as a food of vital importance in connection with nutrition is I think fully recognised; the quality of the milk is a public health as well as an agricultural subject for

discussion. Under the Sale of Milk Regulations, 1939, certain presumptive minimal standards are laid down, and milk containing less than 8.5 per cent. of non-fatty solids, or less than 3 per cent. fat is presumed to be " not genuine " unless the contrary can be proved.

There does appear to be evidence in the county that quite apart from adulteration by the addition of water there is a falling off in the food value of genuine milk (both fats and non-fatty solids content).

The attached tables have been prepared for me by Mr. M. M. Love (County Analyst) who was kind enough to summarise the milk analyses carried out in the County Laboratory. These tables refer to genuine milk only as all samples of watered milk have been excluded. A decline in the composition of milk (based on fat content) over the four year period from 1947 to 1950 is demonstrated.

During the war period and subsequently there was an urgent call for an increase in the supply of liquid milk; this call was met and an increase of one million gallons per day has resulted. There seems to be sound ground for considering quality of milk as well as quantity. The increased yield by breeding for bulk carries a financial reward. If quality is to be improved some incentive should be introduced; the bonus scheme of the Midland Counties Dairies (which included many dairy farms in Worcestershire) provides an example of a working scheme which has been successfully operated over a number of years. Some such financial incentive, whereby payment to the producers has reference to the quality of the milk as well as quantity, seems to provide the fairest and most hopeful line of approach.

TABLE I.

Average Butter-Fat content of Milk in Worcestershire during the early months of 1947, 1948, 1949 and 1950.

Month	Average Fat: Per cent.			
	1947	1948	1949	1950
January	3.84 (80)	3.68 (184)	3.53 (272)	3.59 (334)
February	3.86 (125)	3.58 (175)	3.58 (210)	3.62 (139)
March	3.79 (228)	3.39 (147)	3.61 (114)	3.60 (256)
April	3.65 (297)	3.47 (43)	3.52 (119)	3.58 (101)
May	3.52 (150)	3.36 (306)	3.24 (243)	3.30 (292)

The figures in brackets indicate the total number of samples examined.

TABLE II.

Incidence of Samples with Fat Contents of 2.7 to 3 per cent. inclusive.

Month	1947			1948			1949			1950		
	Total samples examined	Fat: 2.7—3 per cent. inclusive		Total samples examined	Fat: 2.7—3 per cent. inclusive		Total samples examined	Fat: 2.7—3 per cent. inclusive		Total samples examined	Fat: 2.7—3 per cent. inclusive	
		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.
January ...	80	1	1.2	184	14	7.6	272	37	13.6	334	38	11.4
February ...	125	2	1.6	175	15	8.6	210	16	7.6	139	7	5.0
March ...	228	9	3.9	147	32	21.8	114	5	4.4	256	16	6.2
April ...	297	32	10.8	43	3	7.0	119	24	20.2	101	16	15.8
May ...	150	22	14.7	306	66	21.6	243	50	20.6	292	71	24.3

TABLE III

Incidence of Samples with Fat Contents of less than 2.7 per cent.

Month	1947			1948			1949			1950		
	Total samples examined	Fat less than 2.7 per cent.		Total samples examined	Fat less than 2.7 per cent.		Total samples examined	Fat less than 2.7 per cent.		Total samples examined	Fat less than 2.7 per cent.	
		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.
January ...	80	2	2.5	184	Nil	Nil	272	12	5	334	18	5.4
February ...	125	1	0.8	175	3	1.7	210	6	2.9	139	Nil	Nil
March ...	228	2	0.9	147	4	2.7	114	Nil	Nil	256	4	1.6
April ...	297	10	3.4	43	2	4.6	119	Nil	Nil	101	1	1.0
May ...	150	12	8	106	25	8.2	243	35	14.4	292	37	12.7

Infectious Diseases

The incidence of infectious disease in 1950 was not exceptional save for the outbreak of acute poliomyelitis, on which a few notes are included in this report.

The incidence of, and deaths from, diphtheria continue to fall. Scarlet fever fortunately continues, in this county, to retain its relatively mild form; there have been no deaths from this disease for several years. One district Medical Officer of Health informs me that nephritis was a complication in several cases of scarlet fever in his district.

Whooping cough remains a distressing illness, with a special risk of complications to the young infant. It is hoped that immunisation against this disease may, in the not too distant future, provide the answer.

The following table is of interest showing the numbers of cases and deaths of certain infectious diseases in the last quinquennium.

Laboratory Work

The Bacteriological work in connection with infectious disease (or carriers of the same) also the preventive side in connection with the safety of food, milk, waters etc., supplied to the community is undertaken at the Worcester Royal Infirmary Public Health Laboratory. I am grateful to Colonel Henderson, who is in charge of the service, for his assistance.

The County Laboratory under the control of Mr. M. M. Love, County Analyst, deals mainly with chemical analyses of foods, fertilisers and feeding stuffs, water analyses and the examination of sewage effluents. The routine bacteriological examinations at the County Laboratory relate to raw or treated water supplies for undertakers; foods such as ice cream are also dealt with for trade purposes.

ADMINISTRATIVE COUNTY.

EVIDENCE OF FATALITY OF INFECTIOUS DISEASES, 1946-50.

Year	Scarlet Fever		Diphtheria		Measles		Whooping Cough		Enteric including Paratyphoid		Meningococcal Infections	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1946	448	Nil	156	8	796	1	841	5	9	Nil	18	2
1947	587	Nil	81	6	4180	8	767	8	7	Nil	18	3
1948	668	Nil	36	Nil	1977	2	871	4	15	1	3	4
1949	518	Nil	29	2	4339	3	1282	10	2	Nil	9	2
1950	574	Nil	7	Nil	2377	Nil	1140	1	3	Nil	10	4
5 Years average 1946-1950 ...	559	Nil	62	3	2734	3	980	6	7	.....	12	3

Acute Poliomyelitis

Year		Cases notified	Deaths
1950	...	154	15
1949	...	14	Nil
1948	...	5	5
1947	...	60	4
1946	...	3	Nil

The outbreak of poliomyelitis in 1950 was the most extensive that has ever fallen on the county. The only county district to escape without a single case was the Martley Rural District. The general incidence over the whole county was .38 per thousand. The districts adjoining Birmingham had high incidence figures:

Halesowen Borough ... 51 notified cases ... rate 1.27 per thousand
Oldbury Borough ... 23 ,, ,, ... ,, .43 ,, ,,
Bromsgrove Rural ... 13 ,, ,, ... ,, .47 ,, ,,

The annual reports from the district medical officers of health are not yet to hand, so that my comments are restricted to purely general matters.

Dr. Connolly (Oldbury) dealing with 20 confirmed cases has given me the position to date which shows that 2 died, 9 recovered completely, with 9 still attending hospital for treatment.

There was one rather significant change in the age distribution if the outbreaks of 1947 and 1950 be compared.

Percentage distribution (of notified cases) by age groups

		0-4	5-14	15 and over
1947	...	20.4	44	35.6
1950	...	46.7	31.1	22.2

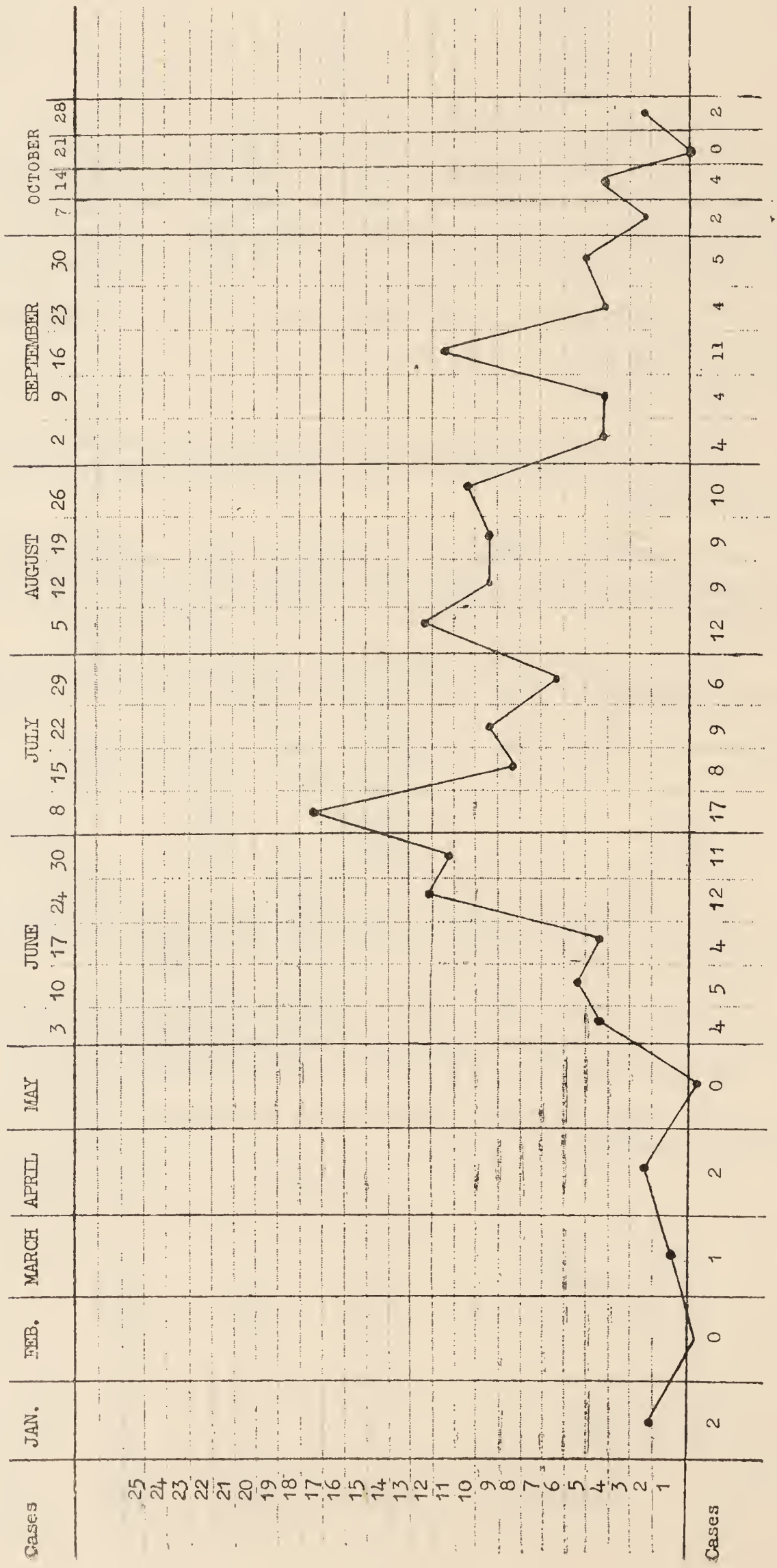
The fatality rate (15 in 154 cases) is not exceptional but 10 of the 15 deaths occurred in the age group 15 and over which comprises less than one quarter of the total cases.

It will be seen that a very marked increase in the incidence of the 0-4 group occurred during the 1950 outbreak; this increase was accompanied by an equally distributed fall in the other two groups.

The following table gives the age distribution (1950) based on amended returns:—

	Paralytic		Non-Paralytic	
	M.	F.	M.	F.
Under 1 year ...	4	2	2	1
1 — 2 years ...	18	11	1	1
3 — 4 ,, ...	14	8	3	7
5 — 9 ,, ...	12	12	8	4
10 — 14 ,, ...	4	8	—	—
15 — 24 ,, ...	5	5	3	—
25 and over ...	6	9	1	5
Totals ...	63	55	18	18

The following table gives the age distribution (1950) based on January to October; in addition there were two cases notified in November and nine in December:—



The commencement of the outbreak in 1947 coincided with a hot spell in May; in 1950 the incidence started to rise in June, reaching a peak in early July and tapering off in September.

It would not appear from the scanty information available to date that any new factors in connection with spread have been disclosed. From conversation with medical officers in the county it would not appear that bad housing is an important factor, in fact, from a rough scrutiny, there would even seem to be a greater likelihood of cases arising on new housing estates than in the old slums. The explanation may be associated with the preferential allocation of new houses to persons with young children, the group in this county which has suffered the heaviest incidence.

My Deputy (Dr. J. W. Pickup) has set up a small study group (comprising several District Medical Officers of Health) to consider carefully any factors which appear to be of interest or importance in connection with this outbreak.

In general, poliomyelitis does cause public alarm which calls for the exercise of tact and common sense by Medical Officers if the normal pattern of life of the community is not to be disrupted. It was considered advisable to temporarily stop immunisation, but the normal procedure was re-established before the end of the year and special efforts made to reduce the arrears.

Venereal Diseases

Although the County Council is no longer responsible for providing treatment for cases of venereal disease, the various hospital treatment centres have supplied information as to Worcestershire cases from which the following table has been compiled:—

Treatment Centre	Number of Worcestershire cases dealt with for the first time			
	Syphilis	Gon.	Not V.D.	Total
WORCESTER	15	15	62	92
KIDDERMINSTER ..	8	8	36	52
BIRMINGHAM	17	17	146	180
DUDLEY	—	5	12	17
STOURBRIDGE	2	7	22	31
OXFORD	—	—	1	1
Totals, 1950 ...	42	52	279	373
1949	68	98	311	477
1948	105	111	350	566
1947 ...	104	142	450	696
1946	126	226	592	944
1945	88	140	675	903
1944	93	70	555	718
1943	114	129	661	899
1942	94	135	517	746
1941	58	99	304	462
1940	55	126	241	422
1939	33	83	237	353
1938	48	138	187	373

From time to time the various Centres refer to me cases of patients who have defaulted in attending for the necessary treatment and these have been followed up by Medical Officers and Health Visitors in an endeavour to persuade the patients to resume attendance at the particular Centre.

Tuberculosis

I have continued the practice of past years and include as an appendix the report of Dr. Mayfield in his capacity as Chief County Tuberculosis Officer, but there are a few matters which call for comment on my part.

Whilst the notifications of new cases of respiratory tuberculosis have risen sharply, the number of deaths in the county and the death rate per 1,000 of the population from this condition have fallen more rapidly than was to be generally expected. The death

rate (.26 per 1,000) means that each year one person in a town of 4,000 people may be expected to die from pulmonary tuberculosis: a few years ago, the words " two persons " would have had to be substituted for one person. I want to draw particular attention to Table V of Dr. Mayfield's report. The improved figures relate mainly to the age periods 15-45 years (both male and female); this is of great importance, as the tragedy of the young worker cut off at a time when his or her value to the State was greatest, was all too common a picture of tuberculosis. It will be noted that in the groups of 45 years and over there is no such tendency for the rate to fall; the group of older men in particular may provide problems of infectious risk in the home and their rehabilitation, and, in some instances, re-employment may prove far from easy. Dr. Mayfield very properly adds a warning that satisfactory as the 1950 figures may appear to be, the number of newly ascertained cases has not fallen. Treatment, although improved, still has its limitations; more than 100 deaths occurred in 1950. Some part of the improvement represents prolongation of life which he describes as " deaths having merely been postponed," rather than cure of the condition.

There are two other matters which I think the Council should be aware of:—

(a) *Staff*

Dr. Mayfield again draws attention to the need for an additional Chest Physician; this matter was set out in detail in my last Report when I advised such an appointment was necessary. Although I understand, at the time of writing this Report, that an additional Chest Consultant is likely to be appointed, the delay in taking action has been considerable and any further postponement is not in the county's interest.

The need is not so much to improve the service as to make it possible to maintain the service. The staff today is the same as was available in 1939. The duties on the other hand have been increased by inclusion of the City of Worcester in the area covered by the Chest Physicians and by an increase of approximately 50,000 in the population of the County. The County Council, although a junior partner with the Regional Hospital Board in connection with such appointments, has certain duties and responsibilities for prevention and care; the more it is possible to direct the curative and preventive service into a common channel the better it will be from the patients point of view, but this principle cannot apply if the specialist service is insufficient, for the more urgent clinical work may very properly receive preference over the useful, but nevertheless less obviously necessary, work of prevention.

If it is not possible to proceed with this additional appointment by combination, the alternative means of dealing with the County Council's duties should be considered.

(b) *Waiting List*

The other matter relates to the waiting list. At the end of the year 1950, 77 patients were awaiting traatment, at the time of writing, this waiting list has already grown to over 100. The loss of beds at Hill Top Hospital, Bromsgrove, must be set against any additional beds that may be available at St. Wulstan's, Malvern.

APPENDIX I

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR 1950

Staff

The medical staff remains as follows:—

R. B. Mayfield, M.D., D.P.H.

R. C. Cronin, M.B., Ch.B.

J. N. Macartney, M.B.E., M.D., D.P.H.

The need for additional staff, which is now recommended in this report for the third successive year, becomes increasingly pressing as the years go by and the work grows. In spite of the addition of Worcester City to our responsibilities and the growth of the county population by some 50,000 since 1939, the staff remains at the pre-war strength. The remarks made on this matter a year ago still hold good with increasing force, and the Regional Hospital Board have been fully informed of the situation.

Certain further changes have taken place with regard to Health Visiting. Miss M. Large resigned during the year, and her place has been taken in the Oldbury and Halesowen areas by Miss M. Steward. By a re-arrangement of duties, Miss Gaffney has undertaken the duties of whole-time Tuberculosis Health Visitor for the Kidderminster Divisional area. This accords with the policy outlined in last year's report, and the new arrangement is working well. The following parts of the county are now covered by whole-time Tuberculosis Health Visitors:—

Kidderminster Divisional Area	Miss Gaffney
Oldbury Divisional Area Halesowen Borough	Miss Steward
Bromsgrove Urban District Redditch Urban District Bromsgrove Rural District	Miss Denny
Evesham Borough Evesham Rural District Pershore Rural District Droitwich Borough Droitwich Rural District	Mrs. Pitt

Stourbridge Borough and Malvern Urban District are served by Health Visitors who combine tuberculosis with their other duties, and the Rural Districts of Martley and Upton-on-Severn are covered by the District Nursing Associations. Though excellent work has been and is still being done both by part-time Tuberculosis Health Visitors and by the District Nurses, there is no doubt that the general principle of the Whole-time Tuberculosis Health Visitor is preferable. Not only is she able to devote her undivided attention to this difficult branch of Health Visiting, but, by acting also as Clinic Nurse and by her attendance at After-Care Committee meetings, her full co-operation in all aspects of the work is facilitated.

Notifications and Deaths

TABLE I.

Notification of Tuberculosis

Year	Respiratory Number of Cases	Respiratory Rate /1,000	Non-respiratory Number of Cases	Non-respiratory Rate /1,000	All Forms Number of Cases	All Forms Rate /1,000
1946	282	0.76	55	0.15	337	0.91
1947	266	0.71	45	0.12	311	0.83
1948	292	0.75	55	0.14	347	0.89
1949	263	0.67	53	0.14	316	0.81
1950	331	0.82	31	0.08	362	0.90

This Table records the numbers of notifications in each of the past five years, together with the rates per 1,000 of the population. It will be noted with regret that there has been a distinct rise in both the number and rate of notifications of respiratory tuberculosis. It will be seen from Table II that this rise is not confined to either of the sexes, males showing a 27% increase in the numbers suffering from this form of disease and females a 24% increase. In males, however, the increase is spread between the ages of 20 and 65, and in females is confined more or less to the 25 to 35 age group. In other words, the increase has occurred chiefly in the age groups which commonly show the highest incidence. There is no doubt that to some extent this rise in the respiratory notifications is due to a more intensive search for cases. Towards the end of the year, for instance, some 10,000 persons were examined by mass radiography in Kidderminster and Stourport. This survey revealed 27 previously unknown cases of respiratory tuberculosis, and, in the ordinary way, few if any of these would have been discovered before the end of 1950. If this survey had not taken place, therefore, the total for the year might well have been 304 instead of 331, and the rate per 1,000 would then have been 0.75 instead of 0.82 as it actually was. Consequently, it is fair to say that there is no evidence that the incidence of respiratory tuberculosis is increasing.

The notifications of non-respiratory disease show an encouraging fall, but the results of future years must be awaited before we can tell whether this indicates a real improvement or is merely a chance variation. There is no doubt that the increasing safety of the milk supply has had, and may be expected to have, a beneficial effect on this rate. There is no scientific reason why milk-borne tuberculosis should not be completely eliminated from this country, and there is at last reason to hope that this may soon come to pass.

TABLE II.

Notifications of Tuberculosis during 1950 showing Age Periods.

Age Periods	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65 and up-wards	Total
Pulmonary—													
Males	2	1	7	1	3	13	26	44	39	31	25	9	201
Females	—	1	4	3	8	15	22	45	20	5	6	1	130
Non-Pulmonary—													
Males	—	—	3	3	1	1	1	1	—	—	1	—	11
Females	1	—	3	6	1	—	3	4	1	—	—	1	20
Totals	3	2	17	13	13	29	52	94	60	36	32	11	362

TABLE III.

New Cases other than by notification, 1950

The following new cases came to light during the year by other means than formal notification.

	Males	Females	Totals
Pulmonary	31	37	68
Non-Pulmonary	6	6	12
Total ...	37	43	80

These cases came from the following sources:—

Death returns: Local Registrars	16
,, ,, Transferable deaths from the Registrar-General	3
Posthumous notifications	1
Transfers from other areas	53
Other sources	7
Total ...	80

TABLE IV.

Deaths from Tuberculosis

	Respiratory		Non-respiratory		All Forms	
Year	Number of Deaths	Rate per 1,000	Number of Deaths	Rate per 1,000	Number of Deaths	Rate per 1,000
1946	158	0.42	38	0.10	196	0.53
1947	166	0.44	31	0.08	197	0.52
1948	135	0.35	20	0.05	155	0.40
1949	146	0.37	21	0.05	167	0.43
1950	103	0.26	20	0.05	123	0.31

Table IV records the numbers of deaths in each of the past five years, together with the rates per 1,000 population.

TABLE V.

Deaths from Respiratory Tuberculosis in Age Groups

Years	Males					Females					Totals of Males and Females
	0-	15-	45-	65-	All Ages	0-	15-	45-	65-	All Ages	
1928–32	2	75	31	5	113	4	70	17	2	93	206
1933–37	2	62	31	5	100	2	66	14	4	86	186
1938–42	1	51	34	6	92	2	55	11	4	71	163
1943–47	3	46	36	6	91	3	47	13	3	66	157
1948–50	1	32	34	7	75	1	38	11	3	53	128

The first four rows of Table V show the average annual numbers of deaths from respiratory tuberculosis in five year periods, and the last row shows the averages for the three-year periods 1948 to 1950.

Certain points in Tables IV and V call for comment:—

1. The total tuberculosis death rate is far and away the lowest ever recorded in the county. The 1950 rate of 0.31 per 1,000 population is 28% lower than the previous year, and 40% less than in 1947 (the year before the recent post-war fall in this rate began). Over the past five years, the rates have decreased considerably in both forms of the disease, but the improvement during the past year is entirely due to a fall in respiratory deaths.

2. During the past twenty years or so there has been a considerable fall in the respiratory death rate, which has taken place almost entirely in the 15—44 age group in both sexes. It must be borne in mind, of course, that the figures in Table V are actual numbers of deaths, and not rates, so, allowing for an increase in the population, there has probably been some improvement in the older groups as well, though to a much less degree.

There is no doubt that the remarkable fall in respiratory deaths in 1950 is due in part to improved methods of treatment, notably chemotherapy and advances in thoracic surgery. The death rate, however, has been falling for many years, though not so fast, and it would be rash to assign too much credit to the conscious work of man. Epidemics have been known to wane before without human interference, and it is probable that the gradual decline in mortality from tuberculosis during the past half-century and more is due very largely to the elimination of susceptible strains from the population. No doubt the slowly rising standard of living has also played its part, and likewise the time-honoured, and often tedious methods of prevention practised by all health authorities. Indeed the more hopeful prospect that now exists for the newly-discovered case itself assists prevention in two ways. First, if infectious patients can be rendered non-infectious by treatment, they will not pass on the disease to others, and the more optimistic outlook encourages people to seek and follow expert advice, thus giving all anti-tuberculosis workers wider opportunities than they ever had before. Though it may be dull, prevention is still a great deal better than cure, and the Health Visitor, though less spectacular, saves more lives than streptomycin or the knife.

A word of caution is appropriate. Though the treatment of respiratory tuberculosis is better than it was, it is still far from satisfactory. Deaths, though reduced, are still numerous. Many cases do not respond to the new methods, and some of those who do respond are not finally cured, even though they may have extended periods of useful life which they would not otherwise have enjoyed. Undoubtedly some tuberculosis deaths have merely been postponed, and it may be, therefore, that the next few years will show a rise in the death rate among older people.

TABLE VI.

Notification and death rates in districts 1950.

Population	District	Notif'n rate per 1000	Death rate per 1000	Total cases notified	Total Deaths
4900	Bewdley Borough	0·82	0·61	4	3
27800	Bromsgrove Urban ...	0·54	0·18	15	5
6150	Droitwich Borough ...	0·98	0·33	6	2
11860	Evesham Borough ...	1·18	0·58	14	7
40280	Halesowen Borough ...	0·87	0·37	35	15
37700	Kidderminster Borough ...	1·06	0·48	40	18
23370	Malvern Urban	0·90	0·39	21	9
53820	Oldbury Borough ...	1·21	0·26	65	14
29110	Redditch Urban	0·83	0·34	24	10
37220	Stourbridge Borough ...	0·99	0·24	37	9
10050	Stourport-on-Severn Urban	0·80	0·30	8	3
27910	Bromsgrove Rural ...	0·82	0·21	23	6
14590	Droitwich Rural ...	0·55	0·27	8	4
16870	Evesham Rural	0·83	0·18	14	3
11210	Kidderminster Rural ...	0·80	0·27	9	3
11670	Martlev Rural	0·77	0·34	9	4
17160	Pershore Rural	0·99	0·29	17	5
5510	Tenbury Rural	0·18	0·36	1	2
14630	Upton-on-Severn Rural ...	0·82	0·07	12	1
401810	Whole County	0·90	0·31	362	123

Table VI shows the notification and death rates in districts. Tables VII and VIII show respectively the notifications and deaths as they occur in urban and rural communities in the county In both of these last two Tables, the respiratory and non-respiratory forms of the disease are shown separately. It will be observed that the respiratory form is more prevalent in the Urban Districts. Allowing for the smallness of the numbers, there is not much difference between the two types of district as far as the non-respiratory form of the disease is concerned.

TABLE VII.

Notifications in Urban and Rural Districts

	Respiratory		Non-Respiratory		Both Forms	
	Cases	per 1,000 Rate	Cases	per 1,000 Rate	Cases	per 1,000 Rate
Urban ...	251	0.89	18	0.06	269	0.95
Rural ...	80	0.67	13	0.11	93	0.78
Whole County ...	331	0.82	31	0.08	362	0.90

TABLE VIII.

Deaths in Urban and Rural Districts

	Respiratory		Non-Respiratory		Both Forms	
	Deaths	Rate per 1,000	Deaths	Rate per 1,000	Deaths	Rate per 1,000
Urban ...	80	0.28	15	0.05	95	0.34
Rural ...	23	0.19	5	0.04	28	0.23
Whole County ...	103	0.26	20	0.05	123	0.31

TABLE IX.

Return showing the work of Dispensaries during the year 1950.

Diagnosis	Pulmonary			Non-Pulmonary			Total				
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
A.—New cases examined during the year (excluding contacts):											
(a) Definitely tuberculous	163	115	13	9	10	18	172	125	31	328	
(b) Doubtfully tuberculous	—	—	—	—	—	—	196	171	72	439	
(c) Non-tuberculous	—	—	—	—	—	—	236	190	78	504	1271
B.—Contacts examined during the year:											
(a) Definitely tuberculous	7	10	5	—	—	—	7	10	5	22	
(b) Doubtfully tuberculous	—	—	—	—	—	—	2	3	4	9	
(c) Non-tuberculous	—	—	—	—	—	—	180	269	348	797	828
C.—Cases written off the Dispensary Register as											
(a) Recovered	22	14	2	6	6	17	28	20	19	67	
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error).	—	—	—	—	—	—	306	259	106	671	738
D.—Number of Persons on Dispensary Register on December 31st:											
(a) Definitely tuberculous	978	720	91	140	143	141	1118	863	232	2213	
(b) Diagnosis not completed.	—	—	—	—	—	—	559	504	301	1364	3577

TABLE X.

Attendances at Dispensaries, 1950

Dispensary	Consultations	Visits	Attend-ances	Refill Attend-ances	Average Weekly Attend-ance
Bromsgrove ...	181	115	752	189	14.5
Halesowen ...	182	88	942	235	18.1
Kidderminster ...	437	63	2,219	319	42.7
Oldbury ...	430	152	1,951	362	37.5
Redditch ...	162	100	814	157	15.7
Stourbridge ...	109	38	1,282	338	24.7
Worcester ...	427	528	2,204	961	42.4
Total ...	1,928	1,084	10,164	2,561	27.9

Chest Clinics

The work of the Chest Clinics is summarised in Tables IX and X. The number of attendances again shows an increase on the previous year. The number of visits by the Chest Physicians to the homes of patients has fallen somewhat. This is regrettable because these visits are useful from the point of view of prevention as well as for guiding the course of treatment. Much more could profitably be done in this respect if the recommendation for the appointment of an additional Chest Physician is implemented.

Since the National Health Service began, the policy has been to link the Chest Clinics more closely with the general hospital service. This is not at variance with the practice previously adopted by the County Council, who for some years had held Tuberculosis Clinics at the Kidderminster General and Corbett Hospitals. Such arrangements have the advantages that the auxiliary services of the General Hospitals, such as radiological and pathological investigations, are much more easily available, and some patients prefer to come to the out-patient department of a General Hospital to being seen entering a building labelled as a Tuberculosis Clinic. Recent changes include the transfer of the Shirehall Chest Clinic from the old premises it had outgrown to the Worcester Royal Infirmary. In all respects this has proved to be a most successful move. The Bromsgrove Clinic was transferred during the year to All Saints Hospital, and the Halesowen Clinic to the Corbett Hospital. This last move necessitates more travelling by most of the patients, but, nevertheless, attendances have increased in number. In practice, the extra travelling is less than it appears, as patients who have to be x-rayed can now have their medical examinations and x-rays at the same visit instead of having to make two separate journeys as was formerly necessary, there being no x-ray plant at the old Halesowen Dispensary.

Prevention and After Care

After-Care Committees have continued to do valuable work in Oldbury, Stourbridge, Halesowen, Kidderminster, Redditch, Bromsgrove Urban and Bromsgrove Rural Districts. Some flourish more vigorously than others, but generally they are gradually widening the scope of their activities. The south of the county is still administered directly in this respect by the Ambulance, Prevention and After-Care Sub-Committee of the County Council, but it is hoped that this large area too will soon have its own local committee, and that the patients here will thereby benefit from the more direct and intimate interest in their welfare that derives from local knowledge.

As mentioned in previous reports, one of the most useful functions of these local committees is their help in securing good housing conditions for tuberculous families, and Table XI summarises briefly the achievements of the year in this field:—

TABLE XI.

Numbers of Families Re-housed on Account of Tuberculosis, 1950

Kidderminster Divisional Area	...	12
Oldbury Divisional Area ...	...	5
Bromsgrove Urban District ...	...	4
Droitwich Borough ...	...	2
Evesham Borough ...	...	8
Halesowen Borough ...	...	7
Malvern Urban District ...	...	5
Redditch Urban District ...	...	5
Stourbridge Borough ...	...	7
Bromsgrove Rural District ...	...	0
Droitwich Rural District ...	...	0
Evesham Rural District ...	...	1
Martley Rural District ...	...	2
Pershore Rural District ...	...	1
Upton-on-Severn Rural District	...	3
Total	...	62

It will be noted that 13 less families were re-housed in 1950 than in 1949, but, nevertheless, 62 is a fair total, having regard to the urgent and pressing claims on other grounds also at the present time. It might be argued that this priority re-housing of tuberculosis families is, to some extent, a case of shutting the stable door after the horse has fled, since it is perfectly true that the major damage from infection takes place before the case of tuberculosis is diagnosed. It is the unknown case that is most dangerous, since he or she has no reason to take any special precautions. It is plain therefore that the maximum advantage from good housing conditions will not be enjoyed until the whole population is provided with well ventilated and sufficiently spacious dwellings. This, however, is still a dream of the future, and in the meanwhile much good can be achieved by providing the known cases with an environment in which they can live with safety to others by observing a few simple rules. These rules cannot be fully effective if there is overcrowding.

Amongst other benefits administered by the Care Committees on behalf of the County Council, 42 outdoor shelters were on loan to patients in various parts of the county at the end of 1950, and 53 patients were receiving grants of free milk.

Some of the Care Committees have raised voluntary funds by means of whist drives, dances and other activities. The lot of the chronic case is still a hard one in spite of the improved financial provision of recent years. Unable to work and perhaps bedridden, when hope has faded and strength is slowly waning, patient and relatives alike find the days and weeks and months very tiresome and weary. Savings have long since gone and there is nothing to spare after paying for food and rent. It is sometimes possible to lighten the load in a variety of ways, and it is here that these voluntary funds are useful. The loan of a wireless set to a patient, or a holiday for a tired wife or mother, for instance, may be very welcome. These and other amenities have been provided from time to time, and it is hoped that this human side of the work of Care Committees will develop further.

Preventive Inoculation

A start was made during the year with inoculation of child contacts with B.C.G., and, by the end of 1950, 120 such children had been inoculated. 98 of these were Worcestershire children, and 12 were Birmingham

children who were temporarily boarded out in this county. This hundred odd may seem a small number, but it must be borne in mind that, up to the present, in accordance with the National Scheme, such inoculation has been confined to child contacts of infectious cases, and even amongst these, a high proportion are unsuitable for inoculation because they have already been infected by the time of their first visit to the Chest Clinic.

As a routine procedure, the house contacts of all notified cases of tuberculosis are invited to come to the Clinic for examination, the children are Mantoux tested, and those who react negatively to this test (i.e., have not been infected), are offered B.C.G. Refusals are rare, and the only serious difficulty that has been encountered is that of getting the additional work done amongst this widely scattered population with the numerically small medical staff available. Considering that most of these children have three Mantoux tests in addition to the actual inoculation, making four injections in all, they take it very well. There have been no complications of note.

B.C.G. has, of course, been used extensively outside this country for many years. It's safety is established, and it is generally held to give a substantial measure of protection. Consequently, the time has surely come when we should consider whether it should be applied more widely. Each year, more than half the new cases of tuberculosis amongst children are not contacts of previously known cases, and would not therefore have been eligible for the protective benefit of B.C.G. under the present system even had it been initiated before they were born. While it is an excellent idea to try to prevent the disease amongst contacts of known cases, contacts of unknown cases would probably make equally valuable citizens and should also be protected. A start might be made by offering B.C.G. to infants in the Welfare Centres. The additional work would not be great, as the preliminary Mantoux testing could be omitted for the newly-born of healthy families. Furthermore, the limited experience in Worcestershire up to the present indicates that, provided the technique of the inoculation is accurate, a single dose of B.C.G. is invariably sufficient, and it would probably be justifiable to omit the post-B.C.G. Mantoux test also. This shortened procedure would save time in the clinics and enable more inoculations to be done by less staff. The babies would like it too.

The chest physicians have also taken part in the Mantoux testing of nursing staffs of some of the hospitals in the county, and the negative reactors have been inoculated with B.C.G.

Mass Radiography

This excellent method of case-finding, though the responsibility of the Regional Hospital Board, is a potential means of prevention, and it is a pity that it has not been possible yet to develop it more fully in Worcestershire. Towards the end of the year, a survey was carried out in Kidderminster and Stourport, when some 10,000 odd persons were examined and 27 previously unknown cases of active respiratory tuberculosis were discovered. Many of these were later found to be infectious, and clearly nothing but good can result from their discovery. Though several months must elapse before they can receive in-patient treatment, they are enabled to start their treatment at home much earlier than they would otherwise have done, and they can, by taking suitable precautions, minimise the risk of infecting others.

Home Helps

In bygone days, when mother fell ill and was finally obliged to take to her bed, there was usually a spare aunt or other relative available to hold the fort. The modern absorption of these reserves in industry and the long waiting list for admission to sanatoria have combined to cause many domestic crises which have been relieved on many occasions by home helps. This is an extremely valuable service which unfailingly comes to the rescue, and is greatly appreciated by the patients and their families. There is no doubt that they sometimes save the lives of the housewives whom they relieve.

Sanatorium Accommodation

The preventive aspect of Sanatorium treatment was discussed in last year's report, and it is mentioned now only to affirm its importance. The long waiting list is still an anxious and difficult problem. At the end of the year there were 33 men and 44 women awaiting admission to sanatoria.

The opening of St. Wulstan's Hospital in the Spring was a most welcome event. Up to now, Worcestershire patients have been allotted 45 male and 15 female beds. At first this had a dramatic effect on the waiting list, but it is now growing steadily once more. Indeed so long as the number of patients recommended for sanatorium treatment in the year exceeds the number of discharges from the sanatoria, the waiting list is bound to grow, and this is still the case in Worcestershire. The new chemotherapy has not helped the waiting lists, since the shorter stay of some patients has been more than counterbalanced by the fact that many cases, previously regarded as hopeless, have now become treatable. Our best hope is that St. Wulstan's may soon be able to open more beds, but the staffing problem for all sanatoria is still very difficult, and it may be some time before such expansion can take place. Indeed this new hospital deserves a good deal of credit for having advanced as far as it has in these difficult times.

Knightwick Sanatorium still serves us well as in the past, and the sanatorium pavilions at Hayley Green and Hill Top Hospitals are valuable auxiliaries. The Sanatorium beds at the last-named hospital are likely to be lost to our patients soon, when Hill Top becomes a Surgical Chest Hospital. If these beds are not replaced elsewhere, the effect on the female waiting list will be serious.

Finally, therefore, though we may justifiably take heart from the fall in the tuberculous death rate, there is no denying that the position is still serious and is likely to remain so for many years to come. Sanatorium beds are needed more urgently than ever before, since, with better methods of treatment, they can be used more effctively than in the past, and one of the best ways of preventing this disease is still the old-fashioned one of finding and isolating the infectious case, and, if possible, rendering it non-infectious by treatment.

R. B. MAYFIELD, M.D., D.P.H.
Chest Physician.

APPENDIX II

REPORT OF THE COUNTY WELFARE OFFICER FOR 1950

Residential Accommodation

It was mentioned in the Report of the County Medical Officer for 1949 that it was anticipated the Park Hotel would be ready for occupation as a Home for Aged Persons by the Winter of 1950. Owing to circumstances beyond the Council's control, however, it was not possible to open the Home in 1950. The Warden and Matron took up residence there at the end of December, and the bulk of the furniture and equipment was purchased and was being received into the Home during that month. Although this report is, of course, in respect of the year 1950, I should mention here that some old people entered the Home on the 19th February, 1951, and at the 31st March, 1951, there were 37 residents. The Minister of Health, at the invitation of the County Council, formally opened the Home on the 4th April, 1951.

The adaptation of Swinford Old Hall began early in 1950, and it is anticipated that the work will be finished about the middle of 1951.

Various improvements have been carried out at Heathlands, Pershore, Laburnum House, Upton-on-Severn, and Malvernbury, Malvern, for the benefit of the residents.

At Heathlands the conversion of a ground floor male domitory and clothes store into a dayroom and bedroom for male residents was completed. The very old and inefficient hot water system for the male and female residents' bathrooms was replaced by a new one.

With regard to Laburnum House, consideration was given to the possibility of redesigning the Centre Block, a very old part of the building, in view amongst other things of the lack of adequate heating and sanitary facilities in that block. A scheme was prepared but it was felt that having regard to the age and condition of the Centre Block it would be uneconomical to incur expenditure to the extent entailed and that it would be preferable to build a new block altogether on an adjoining site. This was agreed by the Welfare Sub-Committee who authorised the County Architect to prepare plans. The new block, if approved by the Ministry of Health, would not be available for some time, however, and as additional heating was urgently required in the Centre Block, it was decided to instal electrical heating. The County Architect was also asked to investigate the possibility of providing lavatories as an urgent temporary measure.

Other improvements carried out at Laburnum House included the laying of non-slip flooring on certain landings, stairs and entrance halls owing to the dangerous condition of the stairs, etc.

Extra lavatory accommodation was provided at Malvernbury.

At all three Homes work recommened by the Chief Fire Officer on his survey of the fire prevention arrangements was carried out.

Reference was made in the County Medical Officer's Report for 1949 to the number of " borderline " sick cases who had to be admitted to residential accommodation. These cases are those who, although not ill enough to justify taking up a hospital bed, require more personal attention than would be ordinarily given in the Council's smaller type of Old People's Homes or could be given to them in their own homes. The demand for accommodation for this type of case increased to such an extent during the year under review that it was evident serious consideration would have to be given to the question of providing separate accommodation for these cases. It was felt too that as a long term policy the County Council might have to find accommodation alternative to that which was reserved for them at Avonside Hospital, Evesham, a Regional Hospital Board establishment.

Accordingly, the best means of meeting the problem were explored, and it appeared to me that part or whole of the accommodation required could well be provided at Heathlands, Pershore, by building a new block or blocks to cater in the main for the more infirm and senile aged persons. There is ample room there for adding to the existing buildings and the kitchen and laundry facilities available there would be sufficient to cope with, say, another 60-80 beds.

The Welfare Sub-Committee endorsed this view and authorised the drawing up of the necessary plans.

Applications for Provision of Residential Accommodation

During the period of twelve months from the 5th July, 1949, to the 4th July, 1950, a total of 543 applications was received from persons desiring admission to residential accommodation provided by the County Council under Part III of the National Assistance Act. This figure does not include 52 applications from persons particularly desirous of entering the Park Hotel and who have been visited and their names placed on the waiting list. During the previous twelve months 424 applications were received.

395 persons were admitted and in the remaining 148 cases alternative means were found to meet the needs of the persons concerned or the applications were withdrawn for various reasons.

A statement is appended to this report giving the age groups of the applicants for admission and the reasons for admission and non-admission as the case may be.

The large increase in the number of persons desirous of availing themselves of the Council's residential accommodation would seem to indicate that the old prejudice against entering Homes administered by the County Council, even existing ones which were formerly "work-houses," has largely been broken down and the stigma felt by many persons on entering a poor law institution removed to a great extent as a result of the policy adopted by the County Council in carrying out their welfare functions under the National Assistance Act. One reason too may be that old age pensioners continue to draw their pension after entering a Home and are able to pay the minimum prescribed charge for their maintenance, thus giving them some sense of independence. Furthermore, if they are physically capable they can help in the running of the Home in consideration of which part of the payment due from them may be waived.

Occasionally cases are brought to my notice where the persons reveal an admirable spirit of independence which prompts them to refuse any kind of assistance whatsoever. These cases are not lost sight of, but are kept constantly but discreetly under review, having regard to the probable deterioration in health and conditions in which they live which may make it necessary at some future date for them to avail themselves of the service most appropriate to their needs.

An examination of the statement reveals that 137 old people living alone were admitted during the period under review as compared with 96 in the previous twelve months. This increase may be due to at least three factors—first, the "popularity" of the new welfare service so far as the provision of residential accommodation for old persons is concerned; secondly, the breaking down of reluctance to accept assistance by entering residential accommodation as mentioned in a previous paragraph of this report, some credit for which must be given to the "approach work" of the district staff of the Section; and thirdly, the expanding field of ascertainment of old persons needing assistance in some form or another.

The figures against category 2 show a drop from 99 in 1948/1949 to 74 in 1949/1950 in the number of aged and infirm persons admitted because the friends or relatives with whom they were living were no longer able to care for them. This decrease may be significant as representing a

deepening desire on the part of relatives or friends (who are often unaware of the facilities which now exist for the provision of assistance, domestic, nursing and financial) to keep the old people living with them and so stave off application for residential accommodation, but whether this is so in fact cannot be stated with certainty. It is true that in 20 cases referred to in (a) of the statement, the relatives or friends were persuaded to continue caring for the persons in respect of whom application was originally made for entry to residential accommodation as compared with 11 cases similarly dealt with in the previous year.

I am pleased to say that, as was confidently anticipated last year, it was possible this year to provide a Home Help in all cases where this provision enabled the old people to remain in their own homes.

A service much appreciated by relatives or friends caring for old persons is that of providing temporary accommodation for the old persons whilst the relatives or friends are away on holiday or during illness. During the twelve months under review advantage was taken of this service in 5 cases as compared with 2 in the previous twelve months. This increase, though small, doubtless shows that the public are becoming more aware of the service. I feel sure that relatives or friends knowing that they can have a period of freedom from looking after an old person are more disposed to continue to care for the old persons longer than would otherwise be the case.

The problem of dealing with evicted families is one which is still causing a great deal of embarrassment to the County Council as there is a lack of suitable accommodation for this type of case in the Council's welfare accommodation.

The extent of the problem may be gauged from the fact that from the 5th July, 1948, to the end of 1950, nearly 140 applications for admission to temporary accommodation of families either threatened with eviction or actually homeless through eviction were received. Every endeavour is made by the Welfare Section to assist the families to find alternative accommodation but, as will be seen from the statement, it was necessary for the County Council to accommodate 41 women and 43 children (total 84) during 1949/50, and 15 women and 19 children (total 34) during 1948/49. It is hoped that in the near future arrangements will be made with the Regional Hospital Board to release to the County Council an unused isolation hospital in the county where the eviction type of case may be housed and so prevent as at present is the case, having to accommodate the families in the same building as that provided for aged and infirm persons.

Compulsory Removal of Persons to Hospital or Home

Instances occasionally arise of persons suffering from some disease or who are aged, infirm or physically incapacitated who ought to be receiving treatment or care in hospital or home but refuse to leave their homes for this purpose.

Section 47 of the National Assistance Act, 1948, gives power to councils of county districts to apply for a court order for the compulsory removal of such persons if the medical officer of health certifies in writing that the removal of the persons is necessary in their own or other persons interests.

Before taking action under this Section, district councils invariably refer the cases to the Welfare Section, in order that every endeavour may be made to persuade the persons concerned to accept treatment in a hospital or care in a home for aged and infirm persons.

I am glad to say that not many cases of this type have occurred and that I am not aware of more than one or two instances where district councils have had to take action under Section 47 as a last resort,

Outings for and Entertainment of Residents of Homes

Outings at the cost of the County Council were arranged again this year to the seaside and elsewhere for those residents able to participate, and were very much appreciated by the old people who were able to go.

A form of entertainment much appreciated by the residents is provided in the form of film shows at the Homes. At Heathlands, Pershore, and Malvernbury, Malvern, these shows were arranged by Mr. V. R. L. Coverdale, Superintendent of the Bromsgrove Children's Homes, who gives his services free and is reimbursed his travelling expenses. He has been thanked on behalf of the Welfare Sub-Committee for devoting so much time to the entertainment of the residents.

At All Saints' Hospital, Bromsgrove, and Blakebrook Hospital, Kidderminster, the residents in the County Council's reserved accommodation attend film shows arranged by the Mid-Worcestershire Hospital Management Committee and held at the hospitals in alternate weeks. The County Council contribute towards the cost on a pro-rata basis in respect of their residents as the shows are also attended by patients in Regional Hospital Board accommodation.

Other entertainments are arranged for the residents from time to time, and many residents are members of the local Darby and Joan Club. Weekly meetings of the Darby and Joan Club at Pershore are held in the Board Room at Heathlands.

Diversional Therapy for Old People

A diversional therapy service is provided in the Council's Old People's Homes. Some old people, of course, carry on after entry to the Home with their knitting, sewing and dressmaking, but all who wish to do so can avail themselves of instruction in other forms of useful occupation, e.g., making rugs, mats, baskets, stools, lamp shades, etc. This service has proved most beneficial and is much appreciated by the residents interested in it. Some very good work has been produced in this way and lamp shades in particular have been purchased for use in the County Homes. The income received from the sale of these articles covers the cost of materials so that the service is self-supporting.

Some form of diversional occupation has also been found most helpful to old people in their own homes, particularly after illness or hospital treatment as an aid to their recovery in health or general well-being. Such a service is provided by the British Red Cross Society. It is found, however, that some old persons are unable to afford to buy the necessary materials, the old age pension being the only income in many cases and in order that they may not be deprived from benefitting from the service, the Welfare Sub-Committee decided to contribute towards the funds of the British Red Cross Society under the power given to the County Council under Section 31 of the National Assistance Act, 1948, to enable the materials to be supplied to necessitous cases. It is proposed to review this contribution in due course in the light of the number of such cases dealt with and the cost of materials provided during a given period.

Registration and Inspection of Disabled and Old Persons' Homes

During the year four applications were received from proprietors of Homes for Old Persons to be registered under the National Assistance Act, 1948, in respect of their premises, making a total of 5 applications received since an order was made by the Minister of Health making it compulsory, subject to certain exceptions, for persons carrying on establishments in the county the sole or main object of which was, or was held out to be, the provision of accommodation, whether for reward or not, for the blind, deaf or dumb, or other handicapped persons, or for the aged or for both aged and handicapped persons, to be registered by the County Council.

The premises were inspected by me, and also by the Chief Fire Officer concerning fire precautions, and the standard of accommodation and arrangements for the care including nursing for the residents being satisfactory in each case certificates of registration were issued in respect of the premises.

Old People's Clubs

The County Council are empowered under Section 31 of the National Assistance Act, 1948, to make contributions to the funds of any voluntary organisation whose activities consist in or include the provision of recreation or meals for old people. The Education Committee had for some time been making grants to Darby and Joan Clubs organised by the W.V.S., but as these grants should properly be paid by the County Council in exercise of the power conferred upon them by the above-named Section, the Welfare Sub-Committee, at the request of the Education Committee, accepted responsibility for the grant of financial assistance to Old People's Clubs from the 1st April, 1950.

The Welfare Sub-Committee laid down certain conditions for the payment of grants. Briefly the arrangements are that on the formation of a new club a contribution may be made of an amount normally not exceeding 50% of the initial expenses of providing necessary equipment and of the cost of carrying out minor adaptions or the sum of £10 whichever is greater, any other contribution towards the funds of a club to be by way of an annual donation of an amount normally not exceeding 50% of expenditure in respect of rent and rates, lighting, heating and cleaning for purposes attributable only to the use of the premises by the club, this donation not to exceed £26 per annum.

During the year 21 clubs in the county received grants from the County Council under the above arrangements. There are more clubs than these in the county but in several instances the clubs have the use of rooms free and are able to pay the remainder of their running expenses from membership subscriptions.

Admissions of Chronic Sick Patients of Hospitals

The assistance given to the Regional Hospital Board in assessing the priority of admissions of chronic sick cases to hospital by submitting to the Hospital Management Committees concerned reports on the home and social conditions of prospective patients continued to be given during the year under review.

A total of 424 cases were visited and reported upon as compared with 304 cases during the previous year.

Welfare of the Blind

The arrangements for the welfare of the blind as outlined in previous reports continued substantially the same throughout 1950.

No less than 5,332 visits to blind persons were carried out by the three Home Teachers during the 12 months ended the 31st March, 1950.

The total number of blind persons on the County Register at the 31st December, 1950, was 491, of whom 244 were male and 247 females. The number over 50 years of age was 379 and only 17 were under the age of 16 years, there being 2 under five years of age.

The number of blind persons employed was 72 of whom 19 were in the Birmingham and Stourbridge Workshops for the Blind and 20 in the Home Workers' Scheme. The remaining 33 were employed in sighted industry.

Deaf, Dumb and other Handicapped Persons

The arrangements for dealing with the welfare of deaf, dumb and other hadicapped persons remained substantially the same in 1950 as in the previous year. Although no directive was received from the Minister of Health making it a duty for local authorities to exercise the powers contained in the National Assistance Act, 1948, in respect of the welfare of these classes of handicapped persons as he had previously done in respect of blind persons, the County Council, with the co-operation of voluntary organisations, continued to assist deaf, dumb and other handicapped persons in ways best suited to their particular disabilities.

It is pleasing to record that through the efforts of the Worcestershire and Herefordshire Association for the Deaf progress has been made in the number of lip-reading classes held in the county. A class has been functioning for some time in the City of Worcester and during the year classes were established at Malvern and Stourbridge. The number of classes will be extended as circumstances permit.

Any person with hearing impairment can obtain under the National Health Service Scheme the Government approved " Medresco " hearing aid, if after examination at a diagnostic centre it is decided that he or she would benefit from such an aid. If an electrical aid is not suitable, simple non-electric aids such as trumpets or horns can be prescribed and supplied under the scheme. It has been proved, however, that although a hearing aid alone can be of great assistance, it is only when its use is coupled with a knowledge of lip-reading that a deafened person can receive the maximum help. For this reason, therefore, the lip-reading classes serve a very valuable purpose and it is hoped that it will be possible for more lip-reading classes to be established in the county.

The welfare of the blind has been dealt with in the preceding section of this report and with regard to the welfare of other types of handicapped persons not previously reported upon, the County Council maintain the closest collaboration with the Ministry of Labour and National Service and any interested voluntary society, e.g., the British Red Cross Society. During the year grants were made for the purchase of equipment to enable some physically disabled persons to work at home and in one case a man suffering from spastic paraplegia was granted a loan for the purchase of equipment and materials to enable him to set up as a boot and shoe repairer on his own account. The Ministry of Labour and National Service have power under the Disabled Persons (Employment) Act, 1944, to make grants to disabled ex-Service personnel. Furthermore, the County Council make grants to the British Red Cross Society and the St. John Ambulance Brigade to enable them to function under Section 28 of the National Health Service Act, 1946, by providing medical comforts and appliances, including wheel-chairs, etc., for handicapped persons requiring them.

During the year the attention of the Ministry of Labour and National Service was drawn to cases of certain crippled persons residing in accommodation provided by the County Council under the National Assistance Act, 1948, who appeared to be capable of benefitting from a course of training and rehabilitation which that Ministry had power to provide. The Ministry had these cases under consideration at the end of the year.

R. A. McDONALD,

County Welfare Officer.

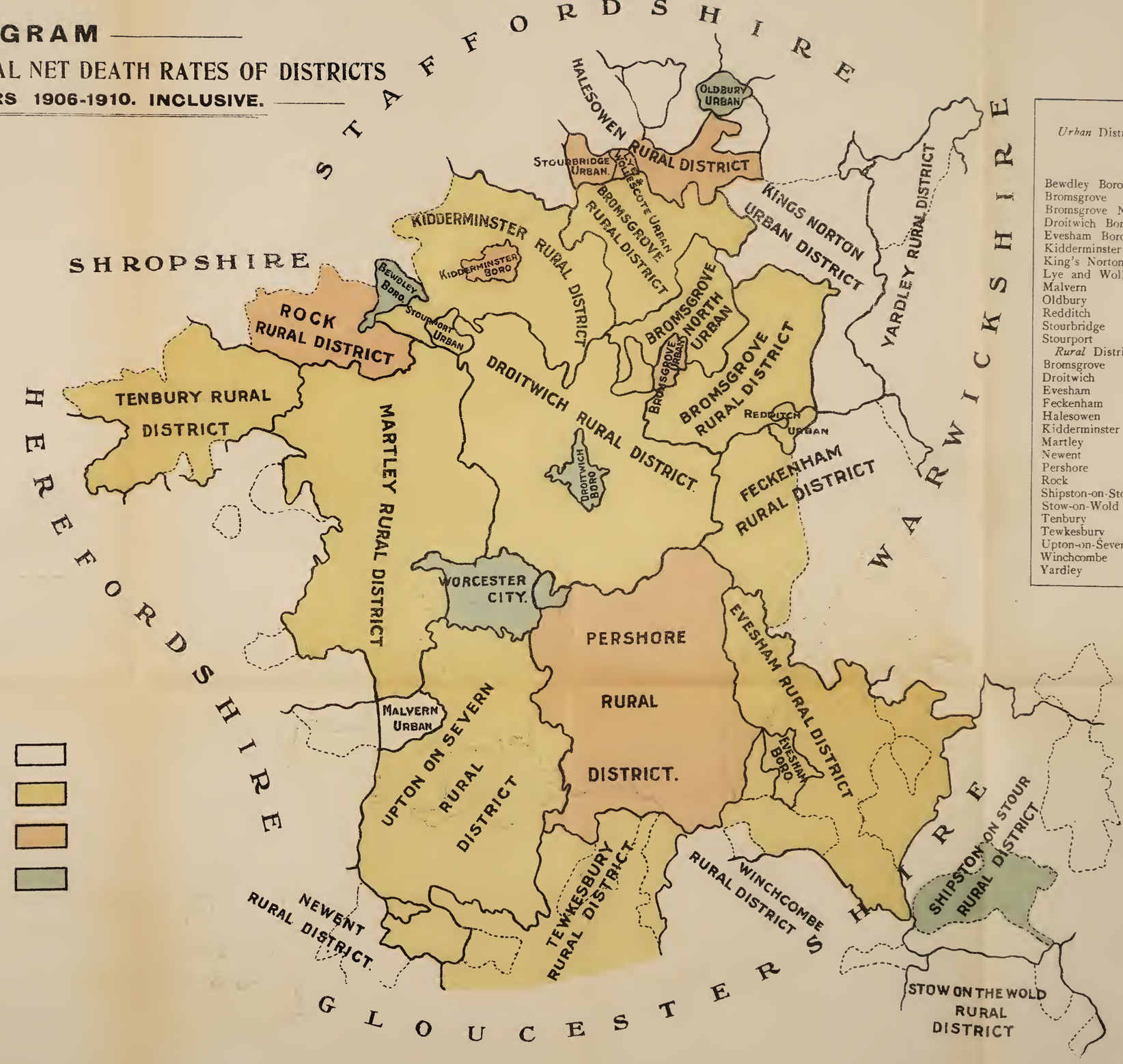
URBAN DISTRICTS.	Area in Acres.	POPULATION. 1901.	Census 1911.	1901-1911. Increase.	1901-1911. Decrease.	Population 1910 Estimated by Medical Officers.	Birth Rate. Per 1,000 estimated population.	Birth Rate. Per 1,000 of population 1911 Census	No. of Births Registered.	Infant Mortality, i.e., Deaths of Infants under 1 year per 1,000 Births registered.	Death Rate. per 1,000 estimated population. (a)	Death Rate. Per 1,000 of population 1911 Census	No. of Deaths Registered.	Mortality from all causes, at subjoined ages. Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Causes of, and ages at, Death during Year 1910. Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Membranous Croup.	Croup.	Fever. Typhus.	Fever. Enteric.	Fever. Other continued.	Epidemic Influenza.	Cholera.	Plague.	Diarrhœa.	Enteritis.	Puerperal Fever.	Erysipelas.	Other Septic Diseases.	Phthisis.	Other Tubercular Diseases	Cancer.	Bronchitis.	Pneumonia.	Pleurisy.	Other Diseases of Respiratory Organs.	Alcoholism, Cirrhosis of Liver.	Venereal Diseases.	Premature Birth.	Diseases and accidents of Parturition.	Heart Diseases.	Accidents.	Suicides.	All other Causes.
Bewdley Borough	2105	2866	2745	...	121	2866	21·28	22·2	61	163	17·09	18·2	50	11	2	...	2	10	25	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	5	8	2	...	...	...	...	..	...	4	3	...	24
Bromsgrove	1068	8418	8928	510	...	8740	24·8	24·3	217	92	13·2	12·9	116	20	5	5	4	41	41	...	...	...	5	1	...	...	...	...	..	...	1	...	...	...	9	4	9	4	6	1	...	2	...	3	1	5	2	...	63
Bromsgrove North	10592	5688	7210	1522	...	6200	25·3	21·7	157	70	12·0	10·7	77	11	3	2	3	28	30	...	...	1	..	...	...	...	...	...	..	2	...	...	...	5	5	5	10	1	...	...	...	...	2	2	4	2	1	37
Droitwich Borough	1856	4201	4146	...	55	4220	18·9	19·3	80	150	14·6	15·2	63	14	2	3	3	14	27	...	...	...	2	...	...	...	1	...	6	...	...	...	...	...	3	2	5	2	2	..	...	3	...	2	...	2	2	...	31
Evesham Borough	2265	7101	8341	1240	...	8300	26·2	26·1	218	90	12·6	12·6	105	20	5	5	2	34	39	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	..	6	1	8	9	11	1	1	3	...	4	1	13	4	2	37
Kidderminster Borough	1213	24681	24333	...	348	24700	20·3	20·7	503	145	13·5	13·7	334	73	17	8	14	99	123	...	...	1	12	...	...	...	...	...	7	...	...	7	9	...	1	...	27	10	27	44	14	..	...	2	1	11	1	21	9	3	127
King's Norton and Northfield	22456	57122	81163	24041	...	84673	21·2	22·2	1798	69	8·5	8·9	724	125	46	43	26	265	219	...	...	6	15	20	...	...	...	...	4	...	..	9	9	...	2	2	48	29	64	42	43	1	8	13	2	24	7	89	34	12	261
Lye and Wollescote	784	10976	11684	708	...	11815	25·6	25·9	303	95	11·6	11·8	138	29	28	6	4	35	36	...	7	2	10	...	...	...	1	...	3	...	...	1	3	...	1	...	8	4	6	18	15	...	...	...	...	1	...	9	2	2	45
Malvern	4774	16449	16514	65	...	18000	13·5	14·7	243	81	10·8	12·7	210	20	12	9	5	67	97	...	1	1	6	...	...	...	...	...	1	...	...	1	...	...	...	11	3	29	5	28	...	2	1	1	4	2	37	3	2	72
Oldbury	3527	25191	32240	7049	...	29600	35·5	32·7	1053	126	15·6	14·4	464	133	47	21	15	139	109	...	1	4	10	5	1	...	3	...	7	...	...	11	20	...	...	...	32	12	20	59	28	3	1	6	1	16	8	37	13	2	164
Redditch	1023	13493	15463	1970	...	15885	22·0	22·7	351	85	11·0	11·3	175	30	6	6	10	60	63	...	...	...	...	2	...	...	.	...	...	...	...	1	4	...	1	...	15	2	15	15	18	1	2	2	...	9	...	23	3	1	61
Stourbridge	1920	16302	17316	1014	...	17722	22·9	23·4	406	108	11·8	12·1	210	44	15	10	5	66	70	...	3	...	5	...	...	...	...	...	...	...	...	4	1	1	...	...	18	5	18	25	9	...	1	1	...	8	2	23	6	...	80
Stourport	1340	4529	4432	..	97	4206	23·0	21·9	97	72	10·6	9·9	44	7	3	...	2	11	21	...	...	...	...	...	...	...	...	...	3	..	...	...	3	...	...	...	4	1	5	2	..	...	..	...	...	3	1	3	...	...	19
Totals	54923	197017	234515	38119	621	236927	23·1	23·6	5487	97	11·01	11·5	2710	537	191	118	95	869	900	...	12	15	65	28	1	...	5	...	32	..	...	41	50	1	5	2	188	78	216	243	177	7	15	33	5	87	25	270	63	25	1021
RURAL DISTRICTS.																																																			
Bromsgrove	38076	12086	13132	1046	...	12300	23·2	21·8	286	62	11·0	10·6	139	21	7	5	5	46	55	...	...	..	4	3	...	...	...	...	1	...	.	1	3	1	...	...	11	3	6	10	6	...	7	...	..	4	3	16	7	2	51
Droitwich	53079	12895	12975	80	...	12932	19·6	19·6	254	74	12·9	12·8	167	19	9	10	7	48	74	...	...	1	1	...	...	...	...	...	7	...	...	...	...	...	...	8	6	16	8	7	1	2	2	...	...	...	20	4	...	84
Evesham	28088	7584	9095	1511	..	8000	27·4	23·8	217	87	13·0	11·4	104	17	5	1	3	30	48	...	...	...	...	...	...	...	...	...	2	...	...	4	...	...	...	...	5	...	10	7	2	1	1	..	...	7	1	14	...	1	49
Feckenham	15203	5532	5455	...	77	5400	20·3	20·2	110	55	15·0	14·8	81	6	3	5	2	20	45	...	...	...	...	...	..	2	...	3	...	...	...	1	..	...	...	5	...	6	1	5	...	3	...	...	2	1	13	3	...	36
Halesowen	5276	22611	25765	3154	...	27061	28·4	29·8	769	110	13·3	14·0	361	85	42	21	26	99	88	...	...	5	10	3	..	...	1	...	...	...	...	8	7	1	...	...	23	10	22	43	38	...	...	4	...	16	...	22	6	3	139
Kidderminster	32932	10111	10495	384	...	10100	20·0	19·2	202	94	12·5	12·2	128	19	4	3	8	37	57	..	...	1	6	...	...	...	...	...	1	...	...	...	...	...	...	6	1	17	6	3	...	3	...	...	2	2	8	3	3	66
Martley	59170	12944	13063	119	...	12941	21·0	21·5	281	53	12·4	11·9	155	15	8	7	4	43	78	...	...	2	...	2	...	...	.	...	1	...	...	...	1	...	...	11	4	16	4	8	...	2	...	...	6	1	25	2	1	69
Newent (part)	5305	1182	1192	10	...	1308	12·2	13·4	16	...	9·1	10·0	12	...	..	...	...	5	7	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	...	...	...	...	...	...	4	1	...	2
Pershore	53728	12819	13235	416	...	12700	21·9	21·0	279	75	12·9	12·4	164	21	9	6	4	47	77	...	1	...	...	1	...	...	...	...	2	...	...	...	8	...	...	...	6	6	14	11	7	..	1	1	...	2	2	26	3	...	73
Rock	13314	2150	2193	43	...	2050	19·0	17·8	39	51	14·6	13·7	30	2	1	2	...	8	17	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	1	1	4	5	...	..	1	1	...	1	...	6	1	...	6
Shipston-on-Stour	18466	4702	4711	9	...	4298	21·8	19·9	94	85	17·1	15·7	74	8	1	...	2	17	46	...	...	...	2	...	...	...	...	...	4	...	...	2	2	...	...	2	...	3	5	...	...	1	...	...	...	1	12	1	1	38
Stow-on-the-Wold (part)	2289	292	311	19	...	292	20·5	19·3	6	...	3·4	3·2	1	...	...	...	1	...	...	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	1	...	...	...	...
Tenbury	23434	4838	4727	...	111	4750	19·7	19·9	94	42	12·6	12·7	60	4	3	1	1	21	30	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	5	3	2	8	6	..	...	...	...	1	...	10	1	2	20
Tewkesbury (part)	10019	2304	2317	13	...	2293	21·3	21·1	49	61	10·4	10·4	24	3	2	...	1	4	14	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	1	3	..	1	...	1	...	...	...	...	6	1	...	7
Upton-on-Severn	50035	14273	14596	323	...	(b)13000	20·0	17·8	260	65	11·4	10·2	149	17	11	2	3	43	73	...	1	...	3	...	...	...	...	...	4	...	...	...	3	...	...	...	12	...	13	6	9	...	...	...	...	3	...	15	3	3	74
Winchcombe (part)	1560	116	116	...	...	116	17·2	17·2	2	...	8·6	8·6	1	1	...	...	...	...	..	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Yardley	7590	33946	59171	25225	...	63000	22·0	23·4	1387	73	8·8	9·2	556	102	51	29	23	184	167	...	1	4	9	11	...	...	...	...	6	...	...	7	12	2	...	...	41	9	48	44	42	...	...	4	...	31	4	54	15	1	211
Totals	417564	160385	192549	32352	188	192541	22·6	22·5	4345	78	11·5	11·4	2206	340	156	92	90	652	876	...	3	13	38	20	...	...	4	.	34	...	..	22	38	4	1	...	136	44	181	161	135	2	22	12	...	75	16	251	51	17	926

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died in Public Institutions outside these Districts.
(b) Excluding population of Powick Asylum.

DIAGRAM

SHOWING THE AVERAGE GENERAL NET DEATH RATES OF DISTRICTS

FOR THE FIVE YEARS 1906-1910. INCLUSIVE.



Urban Districts.	DEATH RATE. Average for 5 Years.	per 1,000
Bewdley Boro.	1906-1910	16·3
Bromsgrove	,,	14·0
Bromsgrove North	,,	12·8
Droitwich Boro.	,,	16·0
Evesham Boro.	,,	12·4
Kidderminster Boro.	,,	14·6
King's Norton & Northfield	,,	10·0
Lye and Wollescote	,,	15·1
Malvern	,,	11·3
Oldbury	,,	16·0
Redditch	,,	12·3
Stourbridge	,,	14·5
Stourport	,,	13·3
Rural Districts.		
Bromsgrove	,,	12·5
Droitwich	,,	13·3
Evesham	,,	13·6
Feckenham	,,	13·8
Halesowen	,,	14·6
Kidderminster	,,	13·6
Martley	,,	13·9
Newent	,,	10·6
Pershore	,,	14·9
Rock	,,	14·0
Shipston-on-Stour	,,	16·1
Stow-on-Wold	,,	10·9
Tenbury	,,	13·4
Tewkesbury	,,	12·0
Upton-on-Severn	,,	13·3
Winchcombe	,,	10·3
Yardley	,,	10·8

References.

Death Rates	...	under 12	per 1,000	
,,	,,	12 and under	14	,,	,,
,,	,,	14	,,	16	,,	,,
,,	,,	16	,,	18	,,	,,

DISINFECTION.

The following Table shows the methods of Disinfection adopted in the Worcestershire County Districts.

TABLE XVIII.

Methods of Disinfection adopted in the County. (a)

District.	Describe how disinfection of dwelling, clothing, etc., is carried out.	By whom is disinfection performed and after what diseases.	Is there a steam disinfecting apparatus for use in district. If so, where.	What disinfectants are used and are they supplied gratuitously.	Are existing arrangements satisfactory.	Remarks or suggestions.
Urban.						
Bewdley Borough	Formalin or Sulphur. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	Kidderminster Isolation Hospital. Lyon's.	Carbolic Acid. Yes.	Yes.	
Bromsgrove	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	Bromsgrove Isolation Hospital. Thresh.	Formalin. Yes.	Yes.	
,, North ...	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	Ditto.	Formalin, Carbolic Acid. Yes.	Yes.	
Droitwich Borough ...	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases	Ditto.	Formalin, Izal. Yes.	Yes.	
Evesham Borough... ...	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	Evesham Isolation Hospital. Reck's.	St. Bede. Yes.	Yes.	Difficulty in disinfection when cottage small.
Kidderminster Borough ...	Formalin. Steam Disinfector	Assistant Sanitary Inspector. Notifiable Diseases	Borough Hospital. Thresh	Powders and Fluid	Yes.	
King's Norton	Formalin, Chinosol. Steam Disinfector	Sanitary Inspector (by one of). Notifiable Diseases	West Heath Hospital. Thresh.	Carbolic Acid. Yes.	Yes.	
Lye and Wollescote ...	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	At Hayley Green Hospital. Thresh.	Izal. Yes.	Yes.	
Malvern	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	Malvern Isolation Hospital. Thresh.	Formalin, Carbolic Powder. St. Bede. Yes.	Yes.	
Oldbury	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	In Districts. Lyon's.	Cyllin, Carbolic Acid, Formalin. Yes.	Yes.	
Redditch	Formalin. Steam Disinfector	By special Man. Notifiable Diseases and Consumption	Bromsgrove Hospital. Thresh	Carbolic Acid. Yes.	Yes.	
Stourbridge	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	At Hayley Green Isolation Hospital. Thresh.	McDougall's, etc. Yes.	Yes.	
Stourport	Formalin	Sanitary Inspector. Notifiable Diseases and Consumption	No.	Izal. Yes.	Yes.	
Rural.						
Bromsgrove	McDougall's. Clothes left in Room	Sanitary Inspectors. Notifiable Diseases	Bromsgrove Hospital. Thresh.	Carbolic, Izal. Yes.	Yes.	
Droitwich	Formalin or McDougall's ...	Sanitary Inspector. Notifiable Diseases	Ditto.	McDougall's, Cyllin. Yes.	Yes.	
Evesham	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases	Evesham Hospital. Reck's.	Carbolic, Formalin. Yes.	Yes.	
Feckenham...	Formalin. Clothes left in Room	Sanitary Inspector. Notifiable Diseases and Consumption	No.	Formalin, Carbolic. Yes.	Yes.	Small hand spraying machine would be useful.
Halesowen	Formalin. Steam Disinfector	Surveyor's Assistant. Notifiable Diseases and Consumption	Hayley Green. Thresh.	Izal. Yes.	Yes.	
Kidderminster	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	Kidderminster Hospital. Lyon's.	Formalin. Yes.	Yes	
Martley	Formalin, McDougall's. Steam Disinfector	Sanitary Inspector. Notifiable Diseases and Consumption	Malvern and Kidderminster Hospitals.	Izal. Yes.	—	
Newent	Sulphur, Appleby Disinfectant Compound. Clothes spread out	Sanitary Inspector. Notifiable Diseases	No.	Sanitas. Yes.	Yes.	
Pershore	Formalin. Clothes spread out	Sanitary Inspector. Notifiable Diseases and Consumption	No.	Carbolic. St. Bede's. Yes.	Yes.	
Rock	Formalin or Sulphur. Clothes soaked with Jeye's	Sanitary Inspector. Notifiable Diseases	No.	Sanitas, Jeye's, Izal. Yes.	Yes.	
Shipston-on-Stour ...	Formalin. Clothes spread out	Sanitary Inspector. Notifiable Diseases	No.	Jeye's, Carbolic. Yes.	—	
Stow	Formalin	Sanitary Inspector. Notifiable Diseases and Consumption	No.	Carbolic, Jeye's, Formalin. Yes.	Yes.	
Tenbury	Chinosol. Washable clothes soaked in Jeye's	Sanitary Inspector. Notifiable Diseases	No.	Jeye's, Chinosol. Yes.	Yes.	
Tewkesbury	Formalin	Sanitary Inspector. Notifiable Diseases and Consumption	About to be provided at Tredington Hospital.	Sanitas, Formalin. Usually gratuitously.	—	
Upton-on-Severn	Formalin, Cyllin. Steam Disinfector	Sanitary Inspector's Assistant. Notifiable Diseases and Consumption	Upton Hospital. Thresh.	Carbolic Acid, Cyllin. Yes.	Yes.	
Winchcombe	Formalin	Sanitary Inspector. Notifiable Diseases and Consumption	No.	St. Bede's, Carbolic. Yes.	—	
Yardley	Formalin. Steam Disinfector	Sanitary Inspector. Notifiable Diseases	Hospital at Sheldon Lyon's.	Izal. Yes.	Yes	

(a) Compiled from returns courteously made by the Sanitary Inspectors.

TABLE XIX. Shewing SANITARY WORK done in the SANITARY INSPECTORS' DEPARTMENT during the year 1910, in the COUNTY OF WORCESTER.

SUMMARY OF REPORTS.

District.	Prevention of Infectious Disease under direction of Medical Officer of Health: No. of cases inquired into.	No. of houses disinfected and cleansed.	No. of patients removed to Hospital.	Lots of bedding, clothing, &c., disinfected or destroyed.	Cases of illegal exposure reported.	Houses: No. erected (if information obtainable).	No. made fit for habitation.	No. closed as unfit for habitation.	No. cleansed and limewashed.	Over-crowding: No. of cases abated.	House Drains: No. laid or re-laid.	No. cleansed, trapped, and ventilated.	No. of defective waste pipes rectified.	No. of insanitary lavatories, sinks, and urinals rectified.	No. of dumbwells rectified.	Water Closets: No. of additional w.c.'s provided.	No. repaired, ventilated, and supplied with flush cisterns.	Privies and Ashpits: No. of additional privies and ashpits provided.	No. converted to W.C.'s or slop-closets.	No. converted to pail-closets.	No. repaired.	Dust Receptacles (portable): No. of new dust receptacles provided.	Scavenging: Total No. of houses from which refuse removable.	Total No. of privies and ashpits cleansed.	Total No. of portable receptacles cleansed.	Total No. of loads of ashes and excrement removed.	Total No. of loads of ashes and refuse removed.	Smoke Nuisances: No. under observation.	No. abated.	Offensive Trades: No. under observation.	No. improperly conducted.	Water Supply: No. of wells sunk.	No. of wells cleansed and repaired.	No. of wells closed as polluted.	No. of houses supplied from waterworks (during year).	No. of samples of water sent for analysis.	Slaughter Houses: No. registered or licensed.	No. regularly inspected.	No. cleansed and repaired.	Factories and Workshops: No. under inspection.	No. certified for lime-washing by Inspector.	No. of insanitary conditions dealt with as nuisances.	No. employing "young persons" &c., reported to Medical Officer of Health.	Shop Hours' Act: No. of shops under supervision.	No. of contraventions of Act dealt with.	Dairies and Cowsheds: No. of persons engaged in milk trade now on register and under supervision.	No. of contraventions of Acts, Orders and Byelaws dealt with.	No. of infected milk supplies reported by Inspector.	Canal Boats: No. of boats on Register.	No. of boats registered during year.	No. of certificates renewed.	No. of boats inspected (for registration or otherwise).	No. of contraventions of Acts and Regulations dealt with.	Lodging Houses: No. on Register.	No. regularly inspected.	No. cleansed and repaired.	Food: No. of seizures as unfit for consumption.	Food and Drugs' Act: No. of samples taken for analysis.	No. of samples certified genuine.	No. of samples certified adulterated.	Animals kept so as to be a nuisance: No. of cases of removal on notice.	Accumulation of offensive refuse: No. of removals.	Legal Proceedings: No. taken.	No. of convictions obtained.	No. of cases withdrawn or dismissed.	Clerical Work: No. of official letters written.	No. of notices served.	No. of notices complied with.	No. of notices outstanding.	Names of Sanitary Inspectors.
Urban Districts.																																																																						
Bewdley Borough	24	23	1	...	...	2	3	2	36	...	13	20	5	12	...	2	...	2	...	6	21	...	...	...	2236	...	676	...	...	...	...	...	...	...	3	...	4	4	4	...	...	...	...	...	...	18	...	...	...	...	...	10	...	...	...	...	...	...	...	...	7	21	...	...	...	107	32	29	3	A. W. Humpherson.
Bromsgrove	15	15	...	...	...	17	...	1	5	...	12	32	17	9	...	5	8	...	10	...	1	24	...	1114	11725	931	1209	2	...	...	...	...	...	1	27	3	10	10	10	38	5	2	...	...	...	23	...	...	...	...	...	...	...	4	4	4	...	...	...	...	1	4	...	...	...	98	45	42	3	A. Smith.
Bromsgrove North	12	13	6	...	1	29	58	...	41	1	5	10	...	...	17	...	...	...	...	9	12	...	...	...	...	...	...	2	1	...	...	1	2	3	25	7	4	3	1	...	2	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	2	2	...	121	140	127	13	Thos. Jones.
Droitwich Borough	6	6	1	6	...	6	...	2	7	1	2	8	3	2	...	14	14	...	1	...	2	19	874	594	19188	169	1074	...	...	2	...	...	...	...	7	...	6	6	6	63	1	5	...	...	...	13	...	...	27	8	...	15	...	1	1	1	...	...	...	...	1	3	...	...	...	60	112	107	...	Hy. Hulse.
Evesham Borough	41	41	31	41	...	18	51	6	20	...	39	60	31	7	...	55	67	...	...	...	...	20	1754	...	...	52	2084	1	...	...	...	...	...	...	...	24	4	4	1	179	4	4	...	...	...	17	2	...	...	...	...	...	...	3	3	...	...	...	...	...	1	5	...	...	...	48	307	271	26	H. S. Harvey.
Kidderminster Borough	154	98	85	678	...	11	12	24	243	10	134	43	20	37	...	13	97	...	17	...	1	17	...	2863	130936	181	5269	2	2	6	...	...	...	...	...	...	24	24	9	212	14	...	...	...	...	51	2	...	59	...	...	225	11	8	8	16	3	50	42	8	13	19	4	2	2	84	917	884	33	J. T. Cowderoy.
King's Norton	709	512	333	4212	...	395	875	3	378	3	395	1035	184	320	67	42	1002	...	83	25	97	352	...	...	...	...	...	17	16	...	...	3	25	14	46	58	21	21	...	195	16	65	1	...	...	780	148	2	...	...	...	123	6	...	...	...	1	209	198	11	33	866	34	34	...	851	497	480	17	A. E. Bonham.
Lye and Wollescote	134	134	97	134	...	37	2	4	109	11	...	31	...	7	4	...	5	...	40	...	6	40	2320	4677	...	4950	...	...	...	...	...	...	...	...	...	...	12	12	5	201	14	7	...	...	...	14	5	...	...	...	...	...	...	...	...	...	...	...	...	...	4	9	...	...	...	60	104	87	17	H. Poole.
Malvern	67	83	76	65	2	10	17	3	14	2	67	79	72	45	...	1	83	...	3	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	9	10	10	3	139	19	12	...	...	...	57	4	...	...	...	...	...	...	1	1	1	1	...	...	...	8	17	...	...	...	648	2	2	...	H. Hillyard.
Oldbury	215	150	68	181	...	135	210	8	148	8	131	85	4	16	...	23	23	...	125	...	...	60	7713	10362	121619	...	...	...	...	3	...	...	...	10	172	18	8	8	8	128	18	6	...	...	...	90	15	...	...	...	...	285	53	2	2	2	3	...	...	...	7	7	1	1	...	1104	375	340	35	G. H. Robbins.
Redditch	...	...	...	...	...	...	...	...	62	16	...	54	...	...	...	13	46	...	...	...	...	68	...	...	...	...	...	1	1	...	...	...	...	...	...	1	7	7	...	...	1	...	...	...	...	53	...	...	...	...	...	...	...	3	3	...	...	...	...	...	14	63	3	1	...	455	187	...	8	Wm. Jameson.
Stourbridge	84	79	47	780	...	45	51	38	102	9	54	58	34	30	...	9	40	...	2	...	20	55	3945	2788	44512	43	5102	4	4	23	1	...	...	1	3	2	22	22	9	236	5	17	2	...	...	40	7	...	...	...	...	...	...	4	4	1	3	...	...	...	9	12	3	2	1	422	323	281	...	A. Kent.
Stourport	76	52	...	...	...	...	...	...	1	2	62	42	42	42	...	...	24	...	120	...	...	60	1138	1968	6431	1039	1036	...	...	...	...	...	...	1	41	1	5	5	5	32	...	...	...	...	...	14	...	...	...	...	...	70	8	...	...	...	1	...	...	...	...	...	1	1	...	313	193	185	8	G. J. Edmundson.
Rural Districts.																																																																						
Bromsgrove (N.)	20	17	14	...	...	9	2	...	...	...	40	14	...	...	6	17	...	9	3	1	11	2	...	...	...	...	...	...	...	...	...	3	2	...	13	4	7	7	7	26	...	...	...	...	...	25	4	...	...	...	...	...	...	...	...	...	...	7	7	...	1	1	...	...	...	255	44	35	9	C. E. Cox.
Bromsgrove (S.)	43	9	3	...	...	19	...	...	...	3	26	4	...	2	6	25	...	2	4	...	5	...	...	...	...	...	...	...	...	...	...	3	2	1	22	4	7	7	1	36	...	...	...	...	...	32	1	...	...	...	...	41	...	...	...	...	...	20	20	...	4	3	...	...	...	198	42	39	3	A. Whitmore.
Droitwich	53	38	19	4	...	18	1	2	22	...	115	44	...	8	...	2	...	2	...	7	12	1	...	26	...	...	...	...	...	...	...	...	14	...	...	30	7	9	...	65	3	...	...	...	...	87	8	...	...	...	...	50	6	...	...	...	...	...	...	...	...	2	...	...	...	407	61	49	...	C. Stevens.
Evesham	13	10	9	12	...	27	16	12	14	6	55	42	5	4	3	18	6	16	13	12	13	...	...	...	...	...	...	...	...	...	...	1	...	...	33	17	7	7	7	109	9	6	...	...	...	34	18	...	...	...	...	...	...	...	...	...	...	...	...	...	8	11	...	...	...	268	92	78	14	E. Holloway.
Feckenham	36	29	22	...	...	1	8	...	46	1	22	18	4	25	5	4	3	1	2	13	23	...	...	...	...	224	371	...	...	3	1	...	5	1	5	6	7	7	7	70	2	1	...	...	...	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	3	...	343	50	46	4	G. Dolphin.
Halesowen	146	138	65	104	...	68	...	4	10	1	37	31	10	1	...	72	14	1	46	2	19	105	5659	12496	20803	14096		1	1	...	...	...	...	7	85	12	16	16	16	560	57	4	...	...	...	37	...	...	...	...	...	26	3	2	2	2	...	2	2	...	...	21	1	...	1	882	39	20	19	C. Whitworth.
Kidderminster	92	92	42	209	...	...	36	5	352	20	233	206	26	61	125	62	260	65	151	108	236	126	391	221	285	264	87	...	...	1	...	30	93	10	125	28	1	54	15	168	30	14	...	...	...	88	51	1	...	...	...	233	35	...	...	...	...	...	...	...	72	159	...	...	...	863	205	...	...	D. Llewellyn.
Martley	55	39	6	1	...	7	3	...	5	4	15	29	8	...	9	...	...	8	...	15	14	...	104	...	...	...	...	...	...	2	1	9	3	2	...	14	...	12	1	103	3	4	...	...	...	41	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...	...	...	451	215	203	12	F. D. Inskip.
Newent (part)	10	...	...	...	...	5	7	1	...	6	1	...	...	1	...	10	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	6	...	...	...	...	...	...	8	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	1	1	...	...	4	4	...	Thomas Smith.
Pershore	37	40	31	3	...	10	7	3	4	8	17	14	3	1	4	...	2	17	...	7	10	10	...	440	...	850	...	...	...	...	...	11	12	...	3	12	14	14	2	49	4	...	...	...	...	41	2	...	2	2	...	...	...	2	2	2	...	...	...	...	...	15	1	...	1	300	63	62	1	F. W. Moulson.
Rock	12	5	...	...	...	...	...	...	7	...	12	...	...	...	...	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	14	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	2	2	...	R. Mapp.
Shipston-on-Stour	3	3	...	...	...	...	...	...	30	...	27	25	...	5	...	10	8	...	12	20	...	...	...	...	...	...	...	...	...	...	...	...	3	3	3	1	...	4	4	69	6	...	...	...	...	25	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	40	...	...	...	140	8	8	...	C. J. Gander.
Stow-on-Wold (part)	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	A. E. Clifford.
Tenbury	13	10	...	10	...	5	4	1	3	2	5	5	4	2	...	...	5	4	...	4	3	...	291	...	...	157	299	...	...	1	...	2	1	2	1	1	5	6	4	20	2	1	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	154	18	18	...	R. W. Jarvis.
Tewkesbury (part)	23	21	20	20	1	4	3	...	...	...	16	15	21	11	4	5	6	5	4	3	7	5	...	...	...	...	...	...	...	...	...	3	5	...	5	2	...	...	...	15	...	...	...	...	...	9	1	...	...	...	...	17	...	...	...	...	...	...	...	...	7	26	1	1	...	143	61	61	...	C. H. G. Shorland.
Upton-on-Severn	53	47	43	1640	...	5	...	1	3	...	177	...	...	...	...	98	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	110	1	12	...	...	34	2	1	...	...	...	80	...	...	...	...	...	24	1	2	...	...	...	...	...	...	...	...	...	...	...	319	7	3	...	M. D. Price.
Winchcombe (part)	27	19	18	19	1	13	2	1	1	2	11	19	8	1	...	7	...	8	...	6	1	...	...	16	...	...	...	...	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	28	15	...	...	...	...	...	...	...	...	...	...	6	6	...	10	20	1	...	1	344	310	265	45	C. Gardner.
Yardley	447	377	108	147	1	...	133	...	30	2	44	47	20	47	1	...	66	...	5	...	37	37	...	...	...	...	...	52	2	2	...	2	2	7	16	20	18	18	1	144	13	1	...	...	...	355	15	...	...	...	...	29	...	...	...	...	4	86	83	3	17	20	2	2	...	1252	526	508	18	E. Mantell.